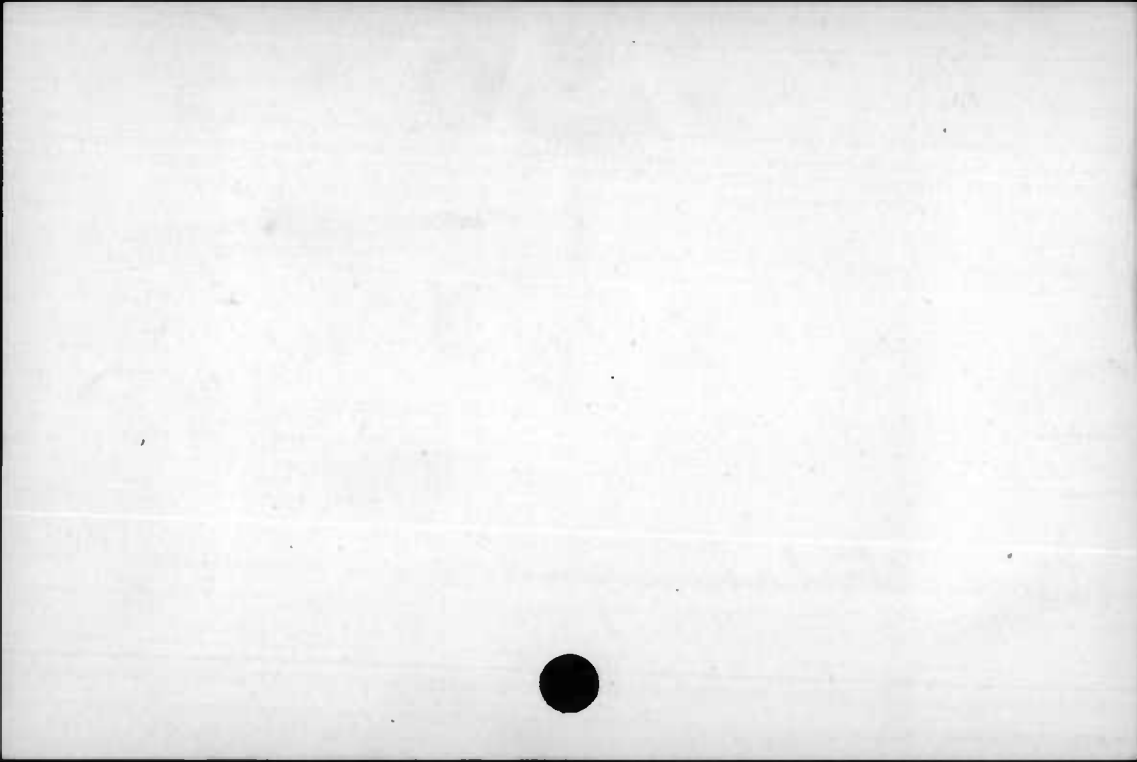


Name in Full		CERTIFICATE OF DEATH			
William Burris		Town Fruitland		County Wicomico	
Died at		MAYLAND			
Date of death		Month July	Day 30	Age 46	Years Months Days
Sex Male		Color or Race Negro		Birth place Wicomico Co. Md.	
Occupation Master		Where Residing if not at place of death			
Married, Single or Widowed Married		Name of Wife or Husband Lula Burris			
Father's Name Milton Burris		Father's Birthplace Maryland			
Mother's Maiden Name Charlotte Bailey		Mother's Birthplace "			
Name of person giving information Lamar Brewington		How related to deceased Sister			
CAUSES OF DEATH					
Primary Pulmonary tuberculosis		How long 1 year			
Immediate Apurca		How long Few minutes			
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. J. [Signature]			
		Address Salisbury, Md.			
Accident or Suicide? No					



Name in Full		Town				County		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Salisbury		Wicomico		MARYLAND			
		Date of death		1907	July	19	Age	7	Months	16	Days
		Sex		Male		Color or Race		White		Birth-place	
		Occupation		None		Where Residing if not at place of death		Ind			
		Married, Single or Widowed		Single		Name of Wife or Husband		None			
		Father's Name		Williams H. Collins				Father's Birthplace		Ind	
		Mother's Maiden Name		Annie Bunker				Mother's Birthplace		Ind	
		Name of person giving information		Ida Brittingham				How related to deceased		Child	
CAUSES OF DEATH											
PHYSICIAN OR CORONER		Primary				Simple Acute Meningitis		How long		12 hours	
		Immediate				Paralysis respiratory muscles		How long			
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		Ch Alton B Potter			
						Address		Salisbury Wic.			
		Accident or Suicide?									



Name
in
Full

William Ernest Culver

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

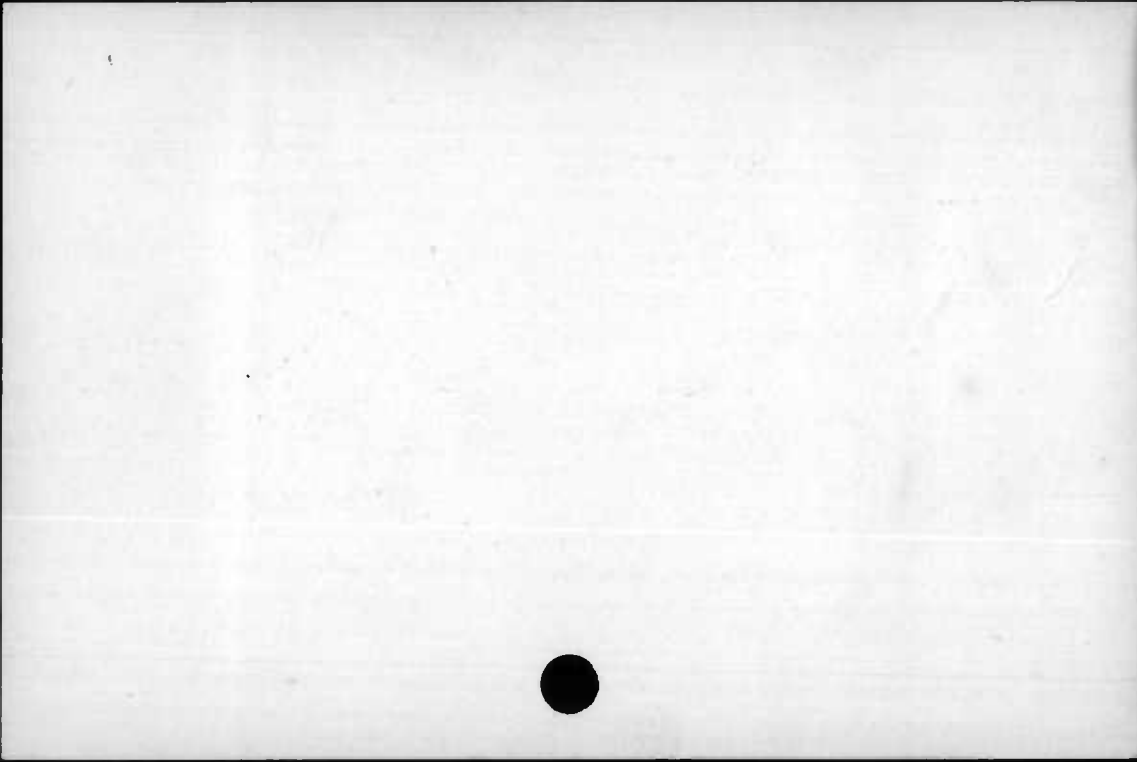
Died at <i>Near Hebron</i>		Town <i>Hebron</i>		County <i>Wicomico</i>		MARYLAND	
Date of death <i>1907</i>	Month <i>July</i>	Day <i>14</i>	Age <i>9</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Near Hebron</i>				
Occupation <i>None</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>						
Father's Name <i>J. E. Culver</i>	Father's Birthplace <i>Near Hebron Md.</i>						
Mother's Maiden Name <i>Bertha Collins</i>	Mother's Birthplace <i>Delaware</i>						
Name of person giving information <i>Wm E. Culver</i>	How related to deceased <i>Uncle</i>						

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Cholera infantum</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. C. Conaway</i>
	Address <i>Hebron Md</i>
Accident or Suicide?	



Name
in
Full

Levin M. Dashiell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

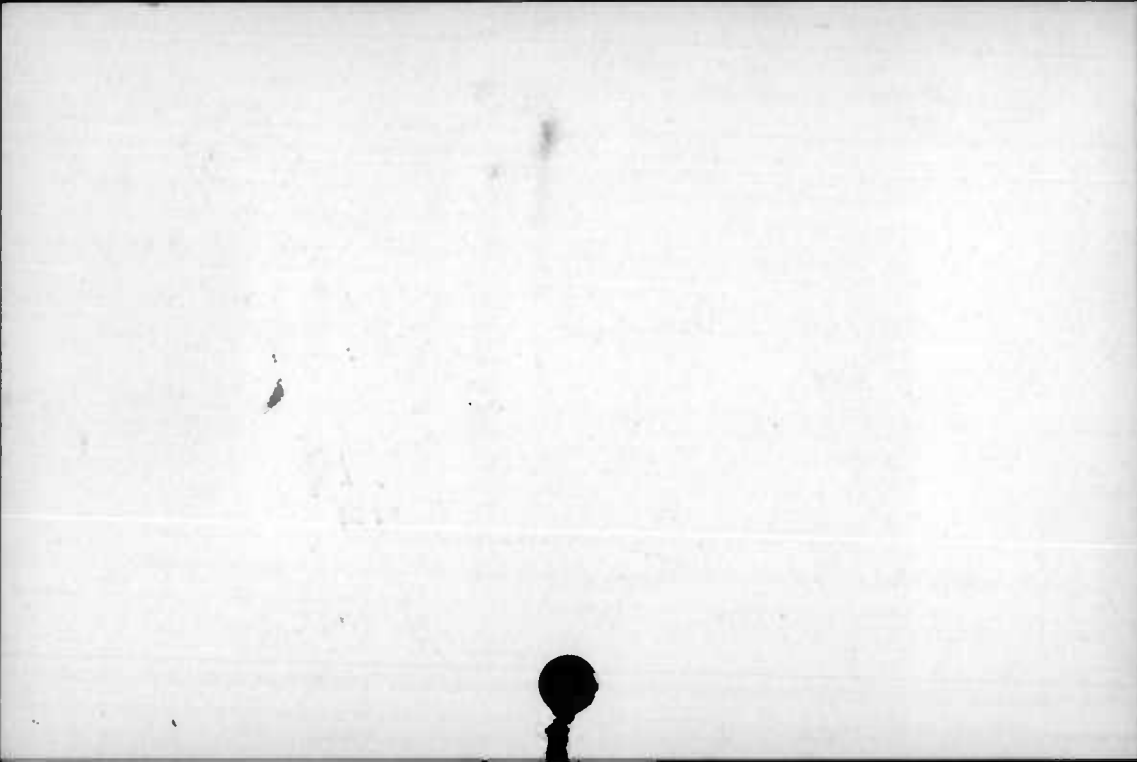
Died at <i>Salisbury</i> <small>Town</small>		<i>Wicomico</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>July</i> <small>Month</small>	<i>9th</i> <small>Day</small>	Age <i>85</i> <small>Years</small>	<i>2</i> <small>Months</small>	<i>26</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Wicomico Co. Md.</i>		
Occupation <i>Deputy Register of wills</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ella M. Dashiell</i>				
Father's Name <i>Charles Dashiell</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Not known</i>	Mother's Birthplace <i>not known</i>				
Name of person giving information <i>Miss Emma W. Powell</i>			How related to deceased <i>Step Daughter</i>		

CAUSES OF DEATH

1178

PHYSICIAN
OR CORONER

Primary	<i>Died Suddenly, Cause unknown, Don't know</i>	How long	
Immediate	<i>no Post Mortem</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>F. M. Clemmons, Jr.</i>
		Address	<i>Salisbury</i>
Accident or Suicide?			<i>yes</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

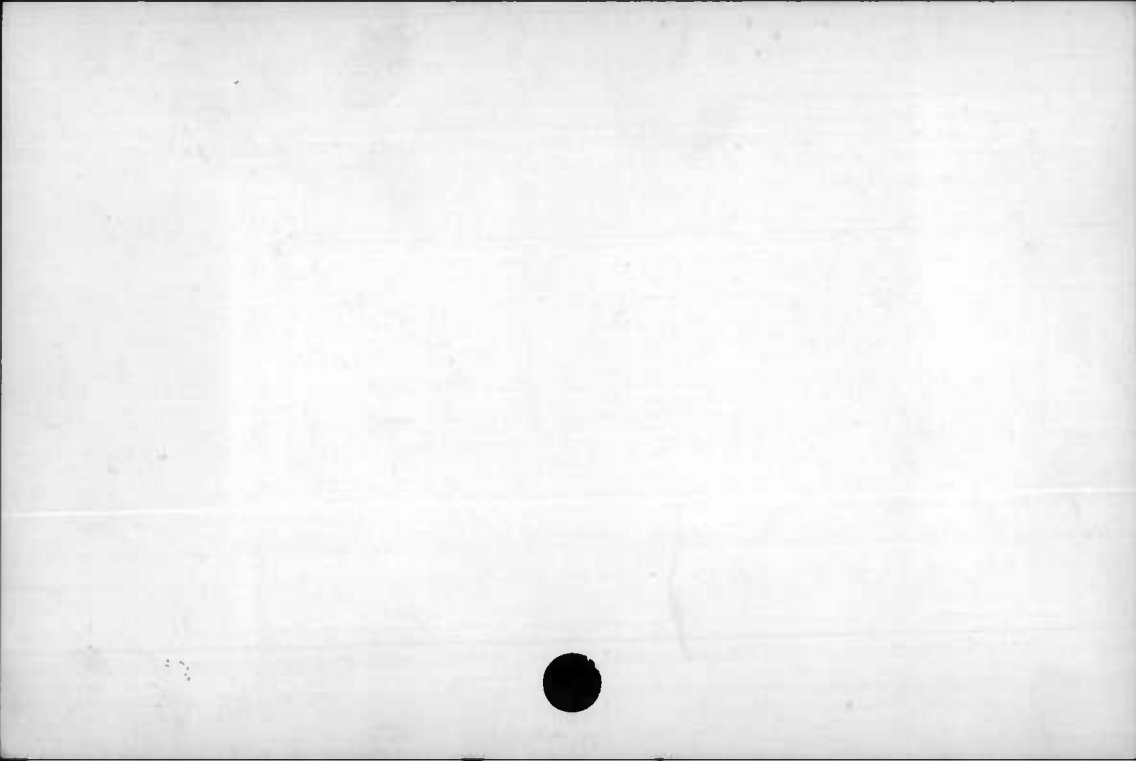
Died at <i>Mar Quantico</i>		County <i>Wicomico</i>			
Date of death <i>1907</i>	Month <i>July</i>	Day <i>6</i>	Years <i>9</i>	Months <i>—</i>	Days <i>24</i>
Sex <i>male</i>	Color or Race <i>Colored</i>		Birth-place <i>Mar Quantico</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <i>Jack Dixon</i>			Father's Birthplace <i>Mar Quantico</i>		
Mother's Maiden Name <i>Lear Dixon</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Mary Leonard</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>8 days</i>
Immediate <i>Pneumonia</i>	How long <i>48 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>J. H. Lynch M.D.</i>
	Address <i>Quantico.</i>
	<i>Mary Leonard</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Sarah M. Elzey</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>near Salisbury</i>		Month <i>July</i>		Day <i>20</i>		Age <i>25</i>	
Date of death <i>1907</i>		Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Daniel's River, Md.</i>	
Occupation <i>none</i>		Where Residing if not at place of death <i>none</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Sam Elzey</i>					
Father's Name <i>Thomas Curtis</i>		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Don't know</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Sam Elzey</i>		How related to deceased <i>Husband</i>					

CAUSES OF DEATH

137

PHYSICIAN
OR CORONER

Primary <i>Phlebitis left leg following lumbago</i>		How long <i>3 months</i>	
Immediate <i>Cerebral thrombosis</i>		How long <i>two hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. M. E. Drick</i>	
Address <i>Salisbury, Md.</i>		Accident or Suicide? <i>No</i>	

From history I suppose this
woman had puerperal sepsis.
She had a phlebitis of left leg -
A few hours before death she was
seized with sudden pain in her
head, vertigo, vomiting, &c, with paralysis
of speech. This was partially relieved
and when she made some exertion
7 hrs later she fell over dead.

Wm. D. Smith

Name
in
Full

CERTIFICATE OF DEATH

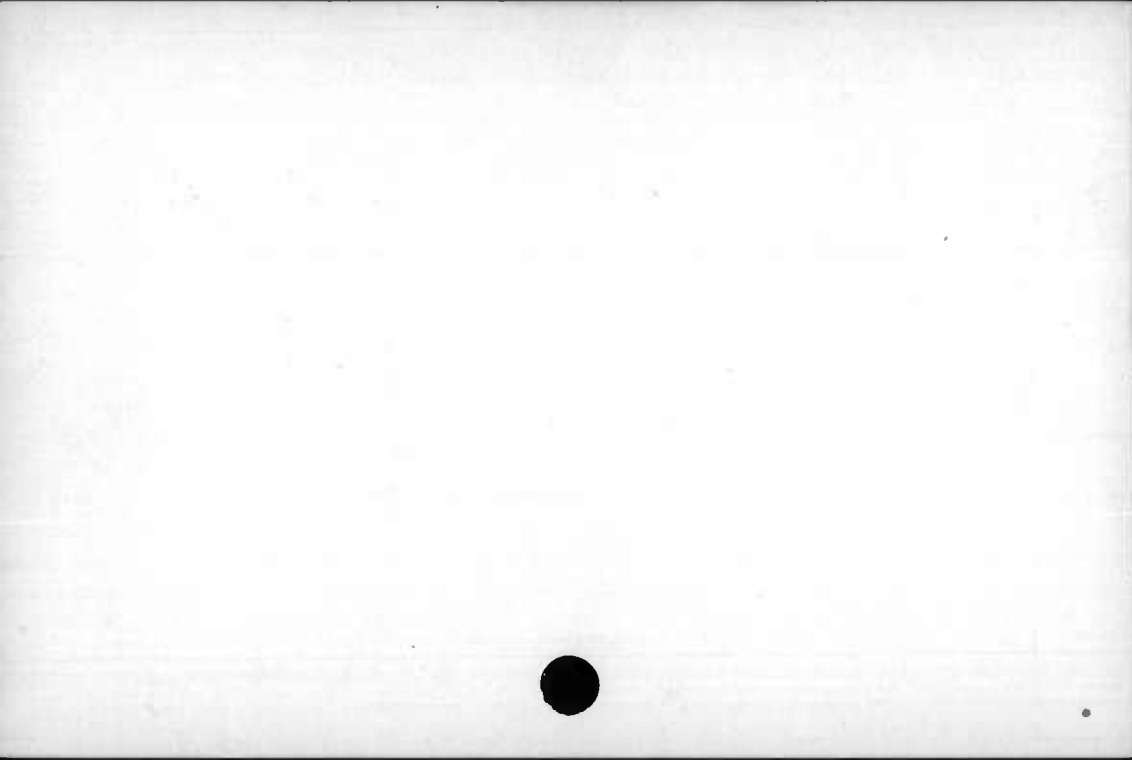
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Julius E. English		Town Near Revelton		County Mecklenburg		MARYLAND							
Died at		Date of death		Month 7		Day 27		Age Years 21		Months 7		Days 14			
Sex Female		Color or Race White		Birth- place Md		Occupation Lady		Where Residing if not at place of death		✓					
Married, Single or Widowed Single		Name of Wife or Husband None		Father's Name Wesley L. English		Father's Birthplace Md		Mother's Maiden Name Dora Russell		Mother's Birthplace "		Name of person giving Information Wm J English		How related to deceased uncle	

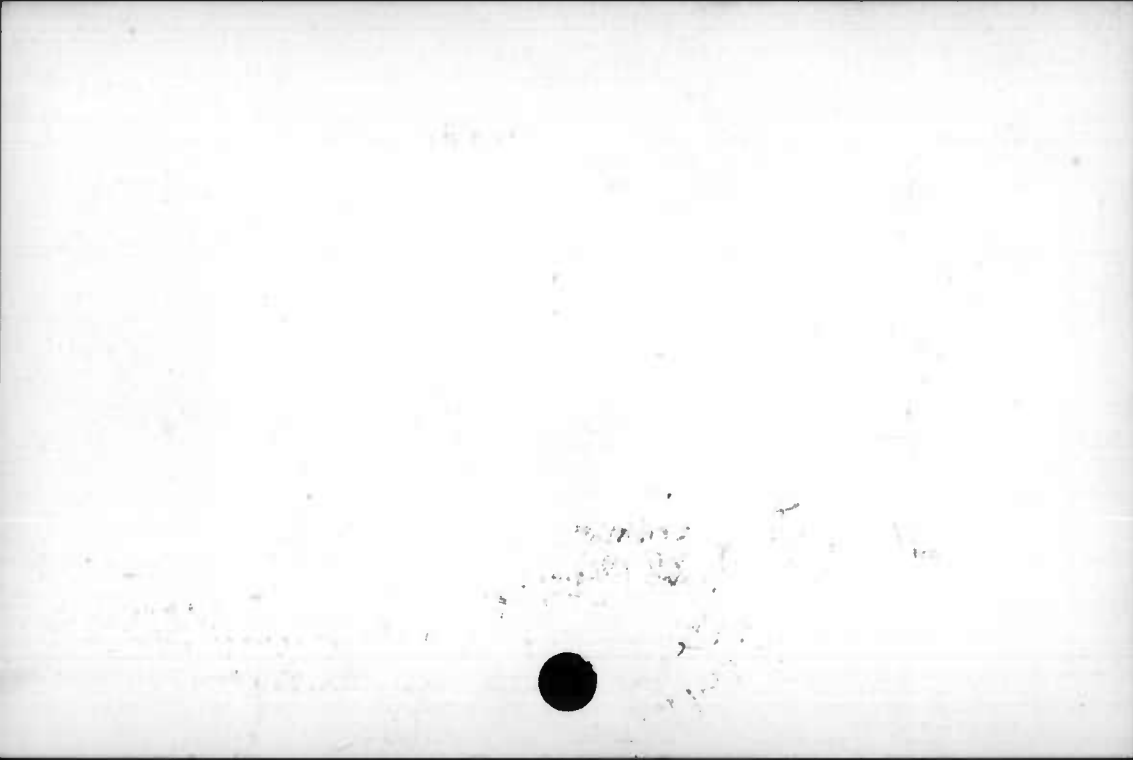
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Burnt		(45)		How long One year	
Immediate Cancer				How long " "	
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Dr Lassarway		Address Sharptown	
Accident or Suicide?				Md.	



Name in Full		Town				County		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at		Salisbury (The P.G. Hospt.)		Wicomico		MARYLAND				
		Date of death		1907	Month July	Day 19th	Age 18	Months		Days		
		Sex		Male		Color or Race		Black		Birth- place		Dorchester Co. Md.
		Occupation		Laborer		Where Residing if not at place of death		Vienna Md.				
		Married, Single or Widowed		Single		Name of Wife or Husband		None				
		Father's Name		Not known		Father's Birthplace						
Mother's Maiden Name		Mary Fisher		Mother's Birthplace		Dorchester Co. Md.						
Name of person giving In formation		Joe. Fisher		How related to deceased		Brother						
		CAUSES OF DEATH				(120)						
PHYSICIAN OR CORONER		Primary		Bright's disease and disease of heart.		How long		6 Mo -				
		Immediate		Same		How long						
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Harry E. Hall				
						Address		Salisbury Md				
		Accident or Suicide?										



Name
in
Full

Roman Gordy

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Salisbury

Date

of death 1907

Month

July

Day

51

Years

Age Don't Know

Months

Days

Sex

Male

Color or
Race

Black

Birth-
place

Don't Know

Occupation

Farmer

Where Residing if not
at place of death

Kingdom

Married, Single
or Widowed

Don't Know

Name of Wife or
Husband

Don't Know

Father's
Name

Don't Know

Father's
Birthplace

Don't Know

Mother's
Maiden Name

Don't Know

Mother's
Birthplace

Don't Know

Name of person giving
Information

Don't Know

How related
to

Don't Know

CAUSES OF DEATH

166

Primary

Struck by locomotive on RR crossing

How long

Immediate

Shock & loss of blood

How long

few hours

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

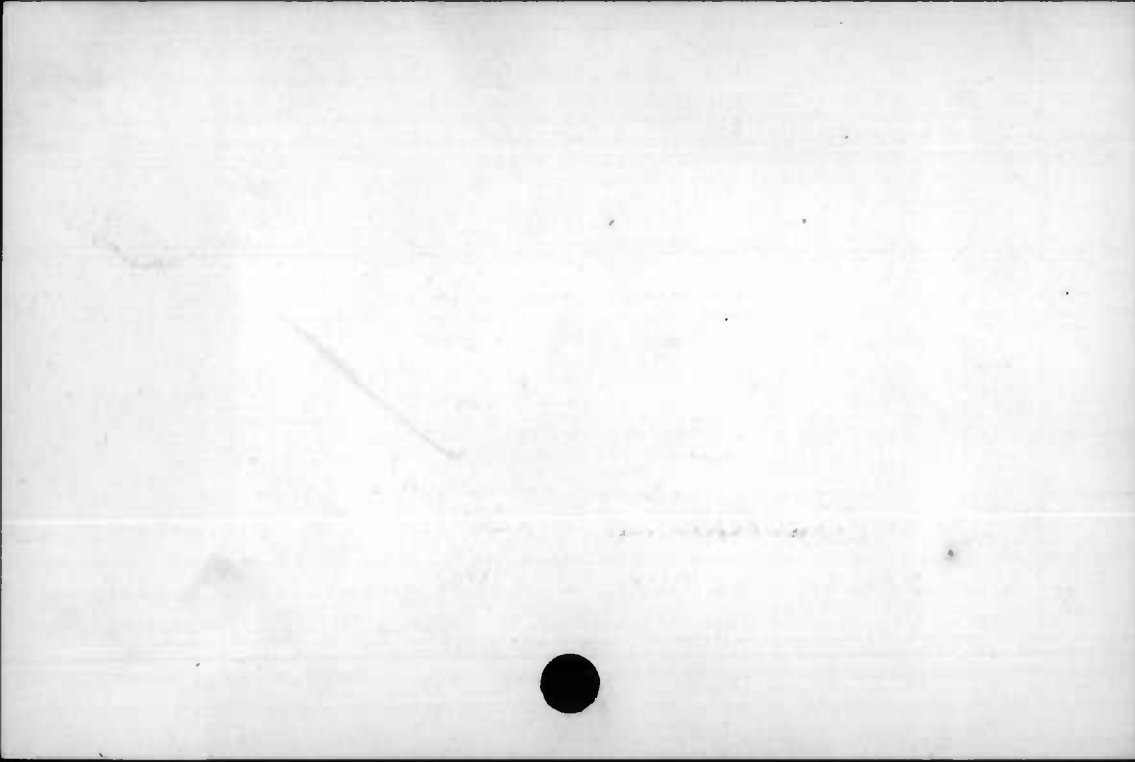
Louis W. Gorman Wood

Address

Salisbury, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

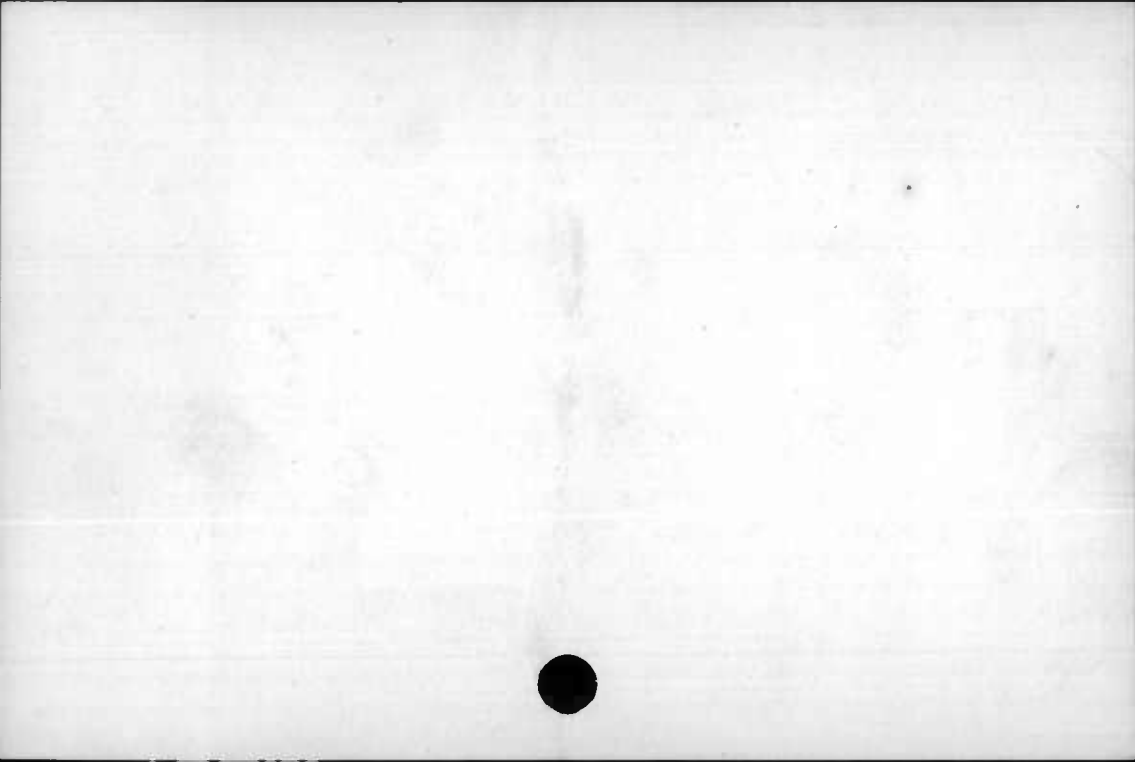
Died at <i>Salisbury</i> ^{town}		<i>Wicomico</i> ^{County}		MARYLAND	
Date of death <i>1907</i> ^{Month} <i>July</i> ^{Day} <i>20</i>		Age <i>2</i> ^{Years}		<i>2</i> ^{Months} <i>20</i> ^{Days}	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Salisbury Md</i>	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Selman R Harney</i>		Father's Birthplace <i>Md</i>			
Mother's Maiden Name <i>Sallie M Hammond</i>		Mother's Birthplace			
Name of person giving information <i>Father</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

(105)

PHYSICIAN
OR CORONER

Primary <i>Gastrointestinal infection</i>	How long <i>2 weeks</i>
Immediate <i>Infection & toxæmia</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Low W. Wernick</i>
	Address <i>Salisbury Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Salisbury* TownCounty *Wicomico*

Date

of death

1907 July

Day

14

Age

Years

47

Months

Days

6

Sex

*Female*Color or
Race*White*Birth-
place*Md*

Occupation

*Housework*Where Residing if not
at place of death*at home*Married, Single
or Widowed*Married*Name of Wife or
Husband*Salmon R Harvey*Father's
Name*Minus Hammond*Father's
Birthplace*Md*Mother's
Maiden Name*Mahala Wyatt*Mother's
Birthplace*Md*Name of person giving
information*Salmon R Harvey*How related
to deceased*Husband*

CAUSES OF DEATH

64

Primary

Central hemorrhage

How long

11 days

Immediate

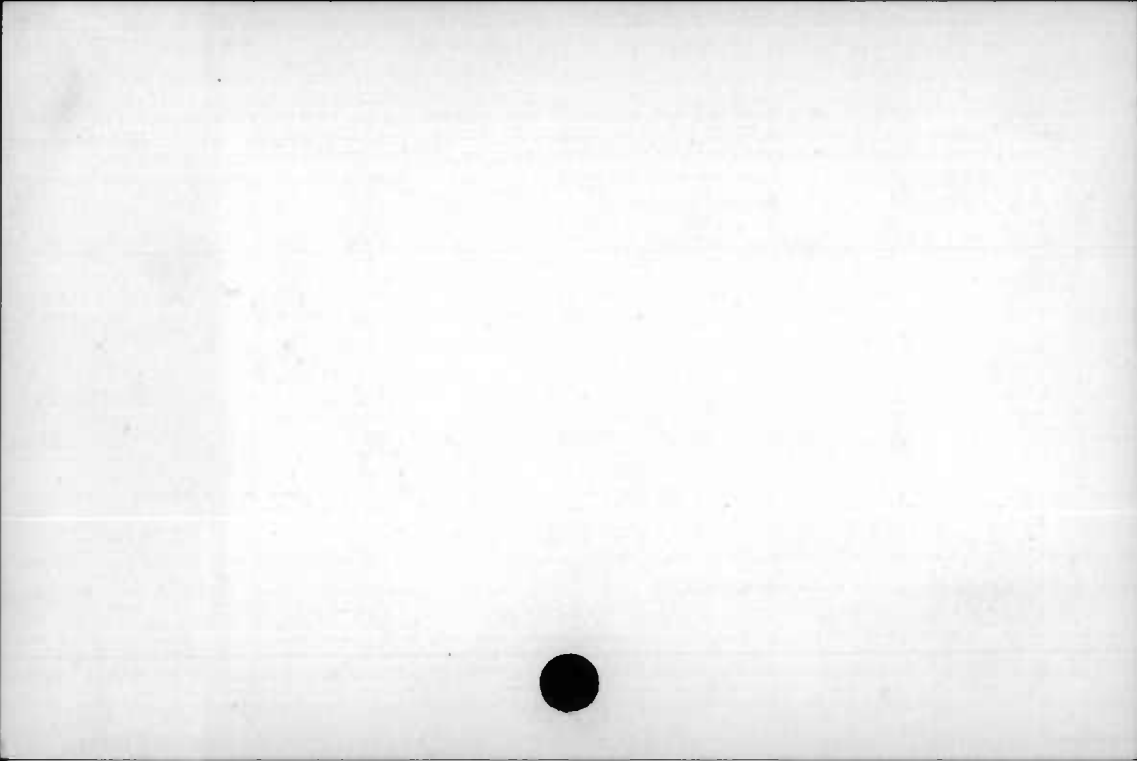
Comeal & heart failure

How long

*2 days*Are the name, age, sex, color, date
and place correctly given above?*Yes.*Signature of
Physician*Louis W. Acorn M.D.*

Address

*(illegible)*PHYSICIAN
OR CORONER~~Accident or Suicide~~



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

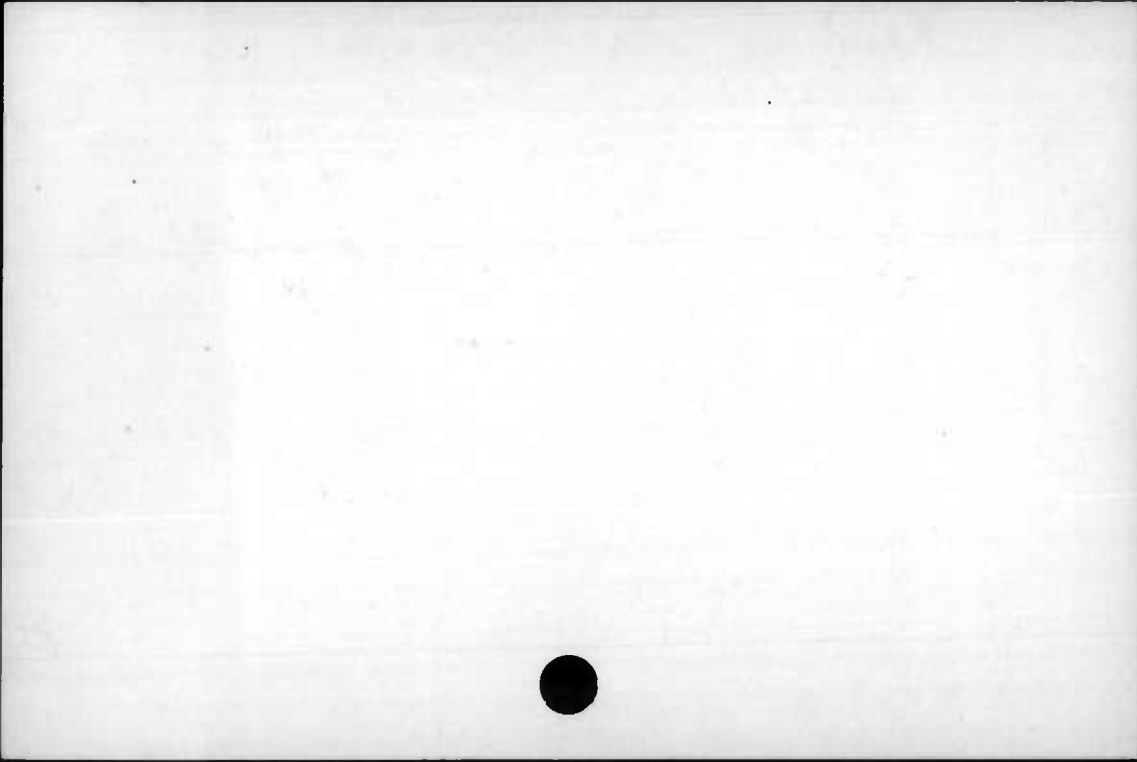
Died at <i>Salisbury</i> <small>Town</small>		<i>Wicomico</i> <small>County</small>		MARYLAND	
Date of death <i>1907</i>	<i>July</i> <small>Month</small>	<i>11th</i> <small>Day</small>	Age <i>0</i> <small>Years</small>	<i>0</i> <small>Months</small>	<i>a few hours</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Salisbury Md.</i>		
Occupation <i>None</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>			
Father's Name <i>Dean M. Hastings</i>			Father's Birthplace <i>Salisbury Md.</i>		
Mother's Maiden Name <i>Loula F. Bailey</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>D. M. Hastings</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Premature Birth</i>	How long <i>5 min</i>
Immediate <i>Premature Birth</i>	How long <i>1 min</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. W. Todd</i>
	Address <i>Salisbury Md</i>
Accident or Suicide?	



Name
in
Full

Irving Hastings

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury, Md. P.G. Hospital</i>		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>July</i>	Day <i>2nd</i>	Age <i>12</i>	Years	Months <i>5</i>	Days <i>17</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <i>School Boy</i>	Where Residing if not at place of death <i>Near Delmar Md.</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>						
Father's Name <i>Quincy E. Hastings</i>	Father's Birthplace <i>Delaware</i>						
Mother's Maiden Name <i>Ada E. Hearn</i>	Mother's Birthplace <i>Salisbury Md.</i>						
Name of person giving information <i>Ada Hastings</i>	How related to deceased <i>Mother</i>						

CAUSES OF DEATH

118

PHYSICIAN
OR CORONER

Primary *Acute purpurative pharyngitis* How long *1 week*

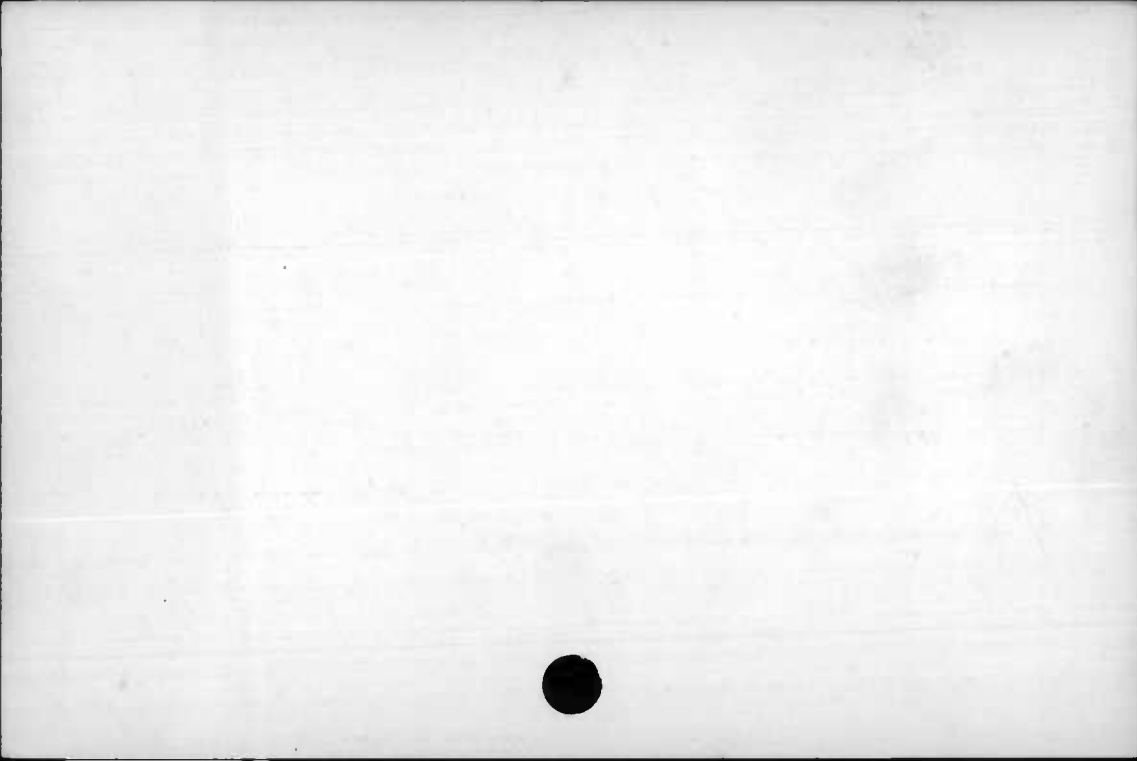
Immediate *Acute general peritonitis* How long *few days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

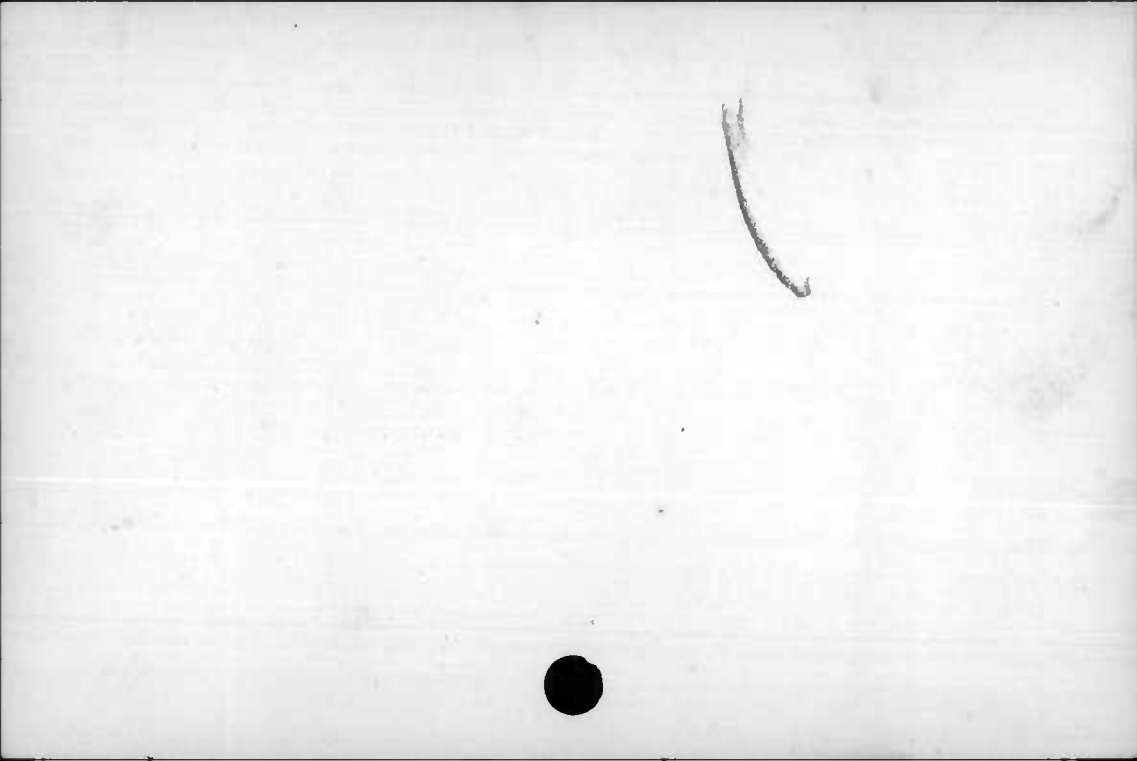
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Salisbury</i>		County <i>Wicomico</i>		MARYLAND	
Date of death	1907	Month <i>July</i>	Day <i>7th</i>	Age <i>0</i>	Years <i>0</i>	Months <i>10</i>	Days <i>10</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Salisbury Md.</i>
Occupation	<i>none</i>			Where Residing if not at place of death			
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>None</i>				
Father's Name	<i>Lawrence R. Hastings</i>					Father's Birthplace	<i>Somerset Co. Md.</i>
Mother's Maiden Name	<i>Mary J. Busby</i>					Mother's Birthplace	<i>11 11 11</i>
Name of person giving information	<i>Lawrence R. Hastings</i>					How related to deceased	<i>Father</i>

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<i>Decimline</i>	<i>105</i>	How long	<i>Three weeks</i>
	Immediate	<i>Decimline</i>		How long	<i>Three weeks</i>
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Dr. H. Todd</i>	
			Address	<i>Salisbury Md</i>	
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

Infant - one name Jackson

TO BE ANSWERED BY
NEAREST FRIEND

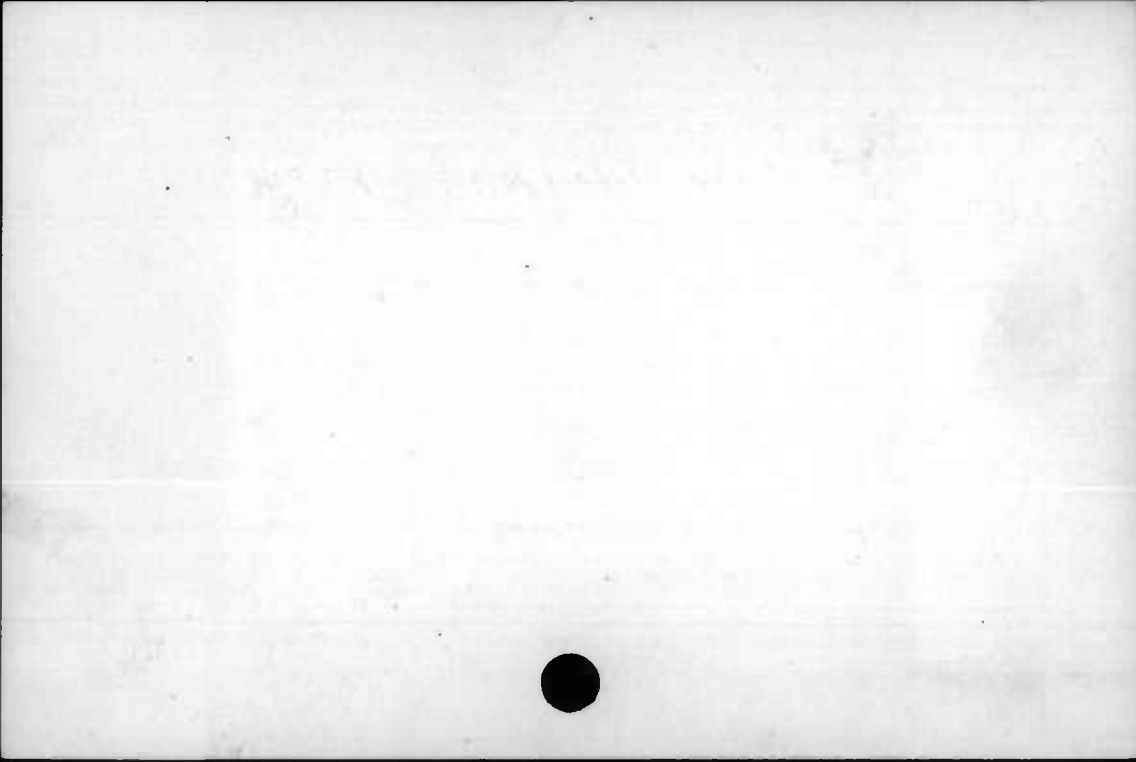
MARYLAND

Died at		City		County			
Salisbury		Wicomico					
Date of death	1907	Month	July	Day	31	Years	5
				Age		Months	12
Sex	male	Color or Race	Black	Birth-place	Md		
Occupation	Not any			Where Residing if not at place of death	Salisbury		
Married, Single or Widowed	Single			Name of Wife or Husband	Infant		
Father's Name	James Jackson			Father's Birthplace	Md		
Mother's Maiden Name	Lilly Wilson			Mother's Birthplace	Md		
Name of person giving information	Lilly Wilson			How related to deceased	Mother		

CAUSES OF DEATH

Primary	Starvation	How long	2 weeks
Immediate	Dysentery	How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Dr. C. R. Turner
		Address	Salisbury
Accident or Suicide?			

PHYSICIAN
OR CORONER



Name
in
Full

Abraham Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Near Salisbury		D		Wicomico			
Date of death		Month	Day	Age	Years	Months	Days
1907		July	25	52			
Sex		Color or Race		Birth-place			
Male		Black		Salisbury Md.			
Occupation				Where Residing if not at place of death			
Laborer							
Married, Single or Widowed		Name of Wife or Husband					
Single		None					
Father's Name		Father's Birthplace					
Not known		Unknown					
Mother's Maiden Name		Mother's Birthplace					
Amelia Smith		Maryland					
Name of person giving information		How related to deceased					
Samuel J. Byrd		None					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	I do not know	(179)	How long	Died Suddenly
Immediate	I do not know		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
Yes		Geo. C. Heil		
So far as I know		Address		
(OVER)		Salisbury Md.		
Accident or Suicide?		Undertaker		

Abraham Jones ^{Cold.} a pauper, died suddenly
at the home of Samuel Byrd Cold. about three
miles from Salisbury on July 6th, 1907
I was called upon to bury him at the expense
of the county.

He probably died from exhaustion owing
to lack of nourishing food and to
extreme heat.

Geo. C. Hill
Undertaker

Name
in
Full

Benjamin Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

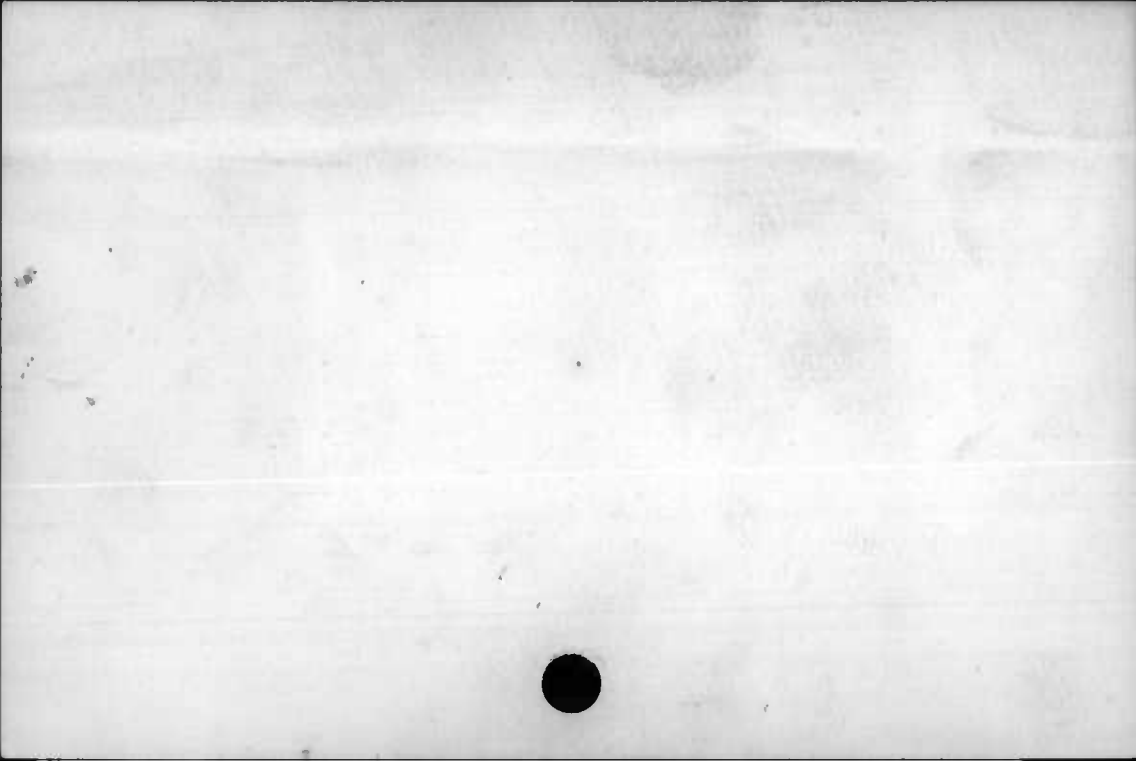
Died at <i>Styaskin</i> ^{Town}		County <i>Wicomico</i>		MARYLAND	
Date of death	1907	Month	7	Day	21
Age		Years		Months	Days
83		—		7	18
Sex	Male		Color or Race	Colored	
Occupation	Mariner & Farmer		Birthplace	Maryland	
Where Residing if not at place of death					
Married, Single or Widowed	widowed		Name of Wife or Husband	Jane Jones	
Father's Name	Benjamin Jones		Father's Birthplace	M.D.	
Mother's Maiden Name	Jinney Dasthille		Mother's Birthplace	C. I.	
Name of person giving information	Isaac Handy		How related to deceased	Nephew	

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	How long
Immediate	Bright's Disease
How long	1 year
Are the name, age, sex, color, date and place correctly given above?	yes
Signature of Physician	A. J. H. Lankford
Address	White Haven
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

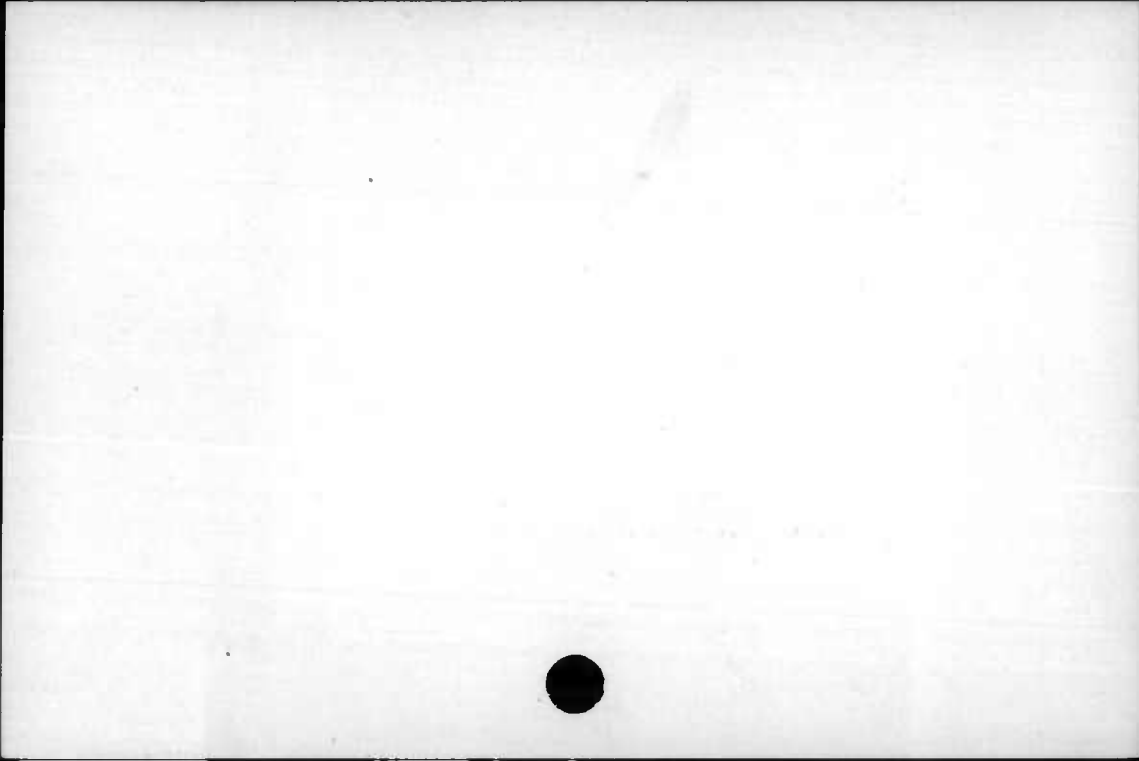
Died at <i>Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death <i>1907</i> Month <i>July</i> Day <i>22</i>		Age <i>—</i> Years <i>—</i> Months <i>—</i> Days <i>8</i>			
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Salisbury</i>	
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Moses A. Jones</i>		Father's Birthplace <i>Salisbury Md.</i>			
Mother's Maiden Name <i>Maliza Jones</i>		Mother's Birthplace <i>Salisbury Md.</i>			
Name of person giving information <i>Moses A. Jones</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary	<i>Convulsions</i>	How long	<i>24 hours</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>Le Alton B. Potter</i>
		Address	<i>Salisbury Md.</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

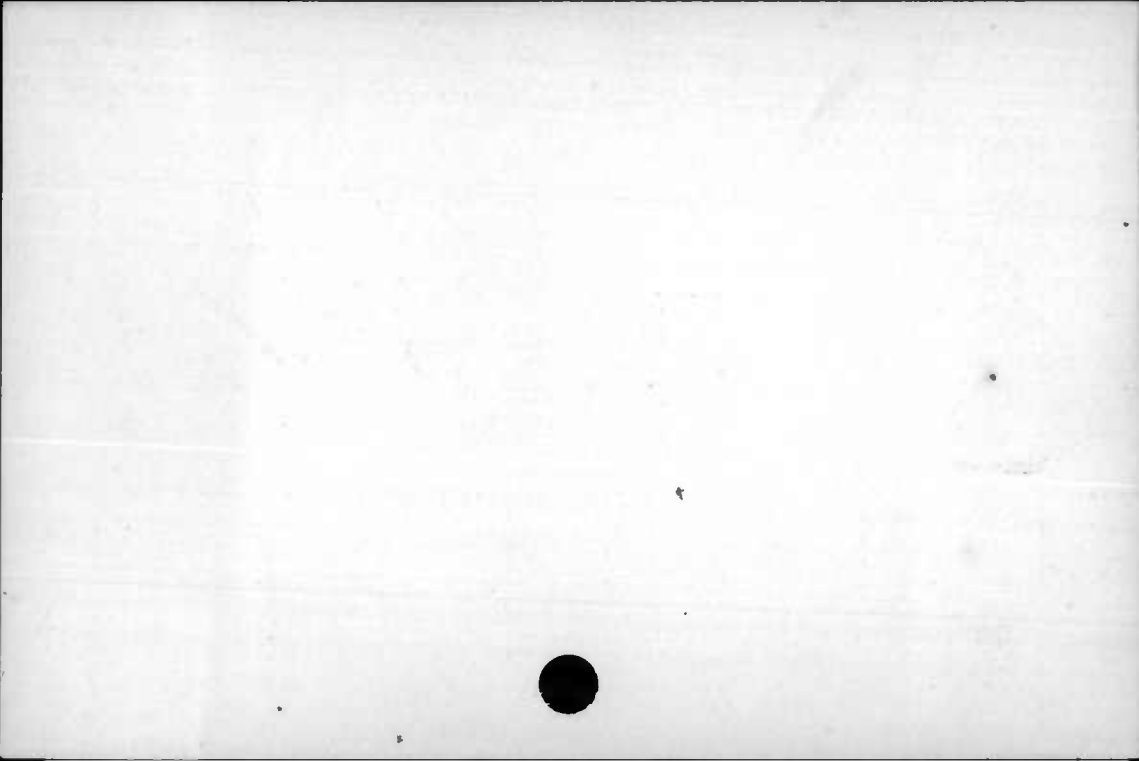
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Martha S. Kelly</i>		Town <i>Fruitland</i>		County <i>Wicomico</i>		MARYLAND									
Died at		Date of death <i>1907</i>		Month <i>July</i>		Day <i>15th</i>		Age <i>81</i>		Years <i>8</i>		Months <i>10</i>		Days	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Wicomico Co. Md.</i>											
Occupation <i>Housekeeper</i>		Where Residing if not at place of death <i>—</i>													
Married, Single or Widowed <i>Widow</i>		Name of Wife or Husband <i>Davis M. Kelly</i>													
Father's Name <i>Caleb Dykes</i>		Father's Birthplace <i>Maryland</i>													
Mother's Maiden Name <i>Mary Hooks</i>		Mother's Birthplace <i>"</i>													
Name of person giving information <i>J. C. Kelly</i>		How related to deceased <i>Son</i>													
CAUSES OF DEATH															

106

PHYSICIAN
OR CORONER

Primary <i>Enteric-Intestinal infection</i>		How long <i>48 hours</i>	
Immediate <i>Toxaemia & collapse</i>		How long <i>48 hours</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Louis W. W. M.D.</i>	
Accident or Suicide?		Address <i>Delaware</i>	



Name
in
Full

CERTIFICATE OF DEATH

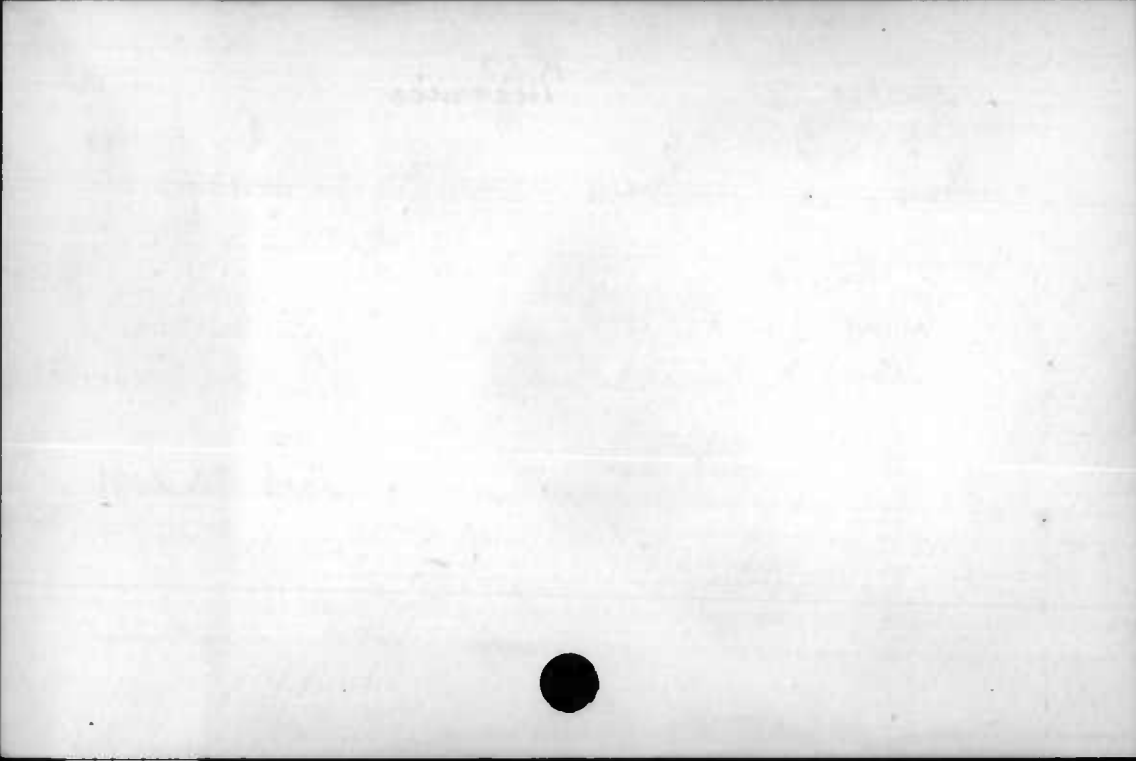
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Shad Point		Shad Point		Wicomico			
Date of death		Month	Day	Age	Years	Months	Days
1907		July	12 th	44	44		
Sex	Male			Color or Race	White		
Occupation	Oyster planter			Birth-place	Shad Point		
Where Residing if not at place of death							
Married, Single or Widowed	Single			Name of Wife or Husband	None		
Father's Name	Geo. W. Kibble			Father's Birthplace	Maryland		
Mother's Maiden Name	Dorothy Wheatley			Mother's Birthplace	"		
Name of person giving information	W. C. Brewington			How related to deceased	None		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	27	a year or more
Immediate	Inanition	How long		3 months
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	F. M. Stemons M. D.	
		Address	Salisbury Md.	
Accident or Suicide?				



Name
in
Full

Samuel David Lammore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Tyaskin</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death <i>1905</i>	Month <i>5</i>	Day <i>9</i>	Age	Years <i>2</i>	Months <i>18</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Tyaskin</i>		
Occupation <i>Not any</i>	Where Residing if not at place of death <i>Tyaskin Md</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Samuel H. Lammore</i>	Father's Birthplace <i>Tyaskin</i>				
Mother's Maiden Name <i>Mary E. Sullivan</i>	Mother's Birthplace <i>Caroline Co. Md</i>				
Name of person giving information	How related to deceased				

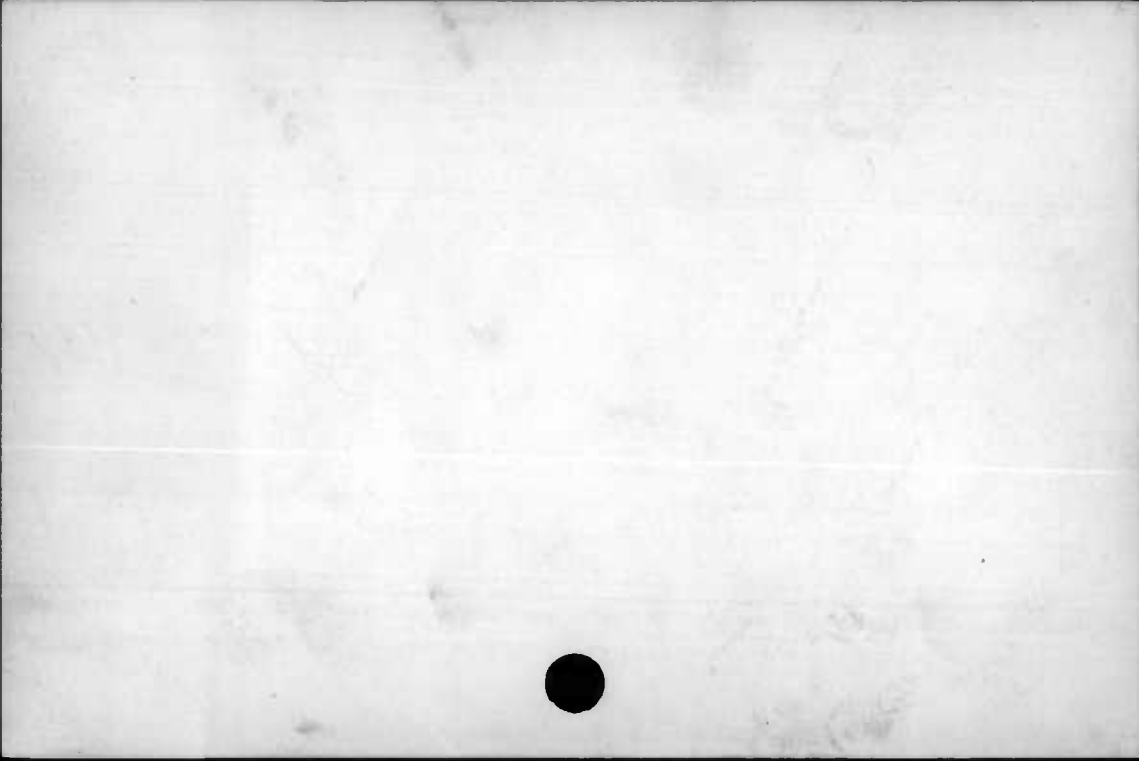
CAUSES OF DEATH

105

Sick 30. days

Primary <i>Ileo-colic acute</i>	How long <i>3 wks.</i>
Immediate <i>Cardiac effusion</i>	How long <i>12 hr.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. R. Bishop</i>
	Address <i>Wicomico Md.</i>
Accident or Suicide? <i>No</i>	

PHYSICIAN
OR CORONER



Name
in
Full

Isabella Staples White Leonard

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

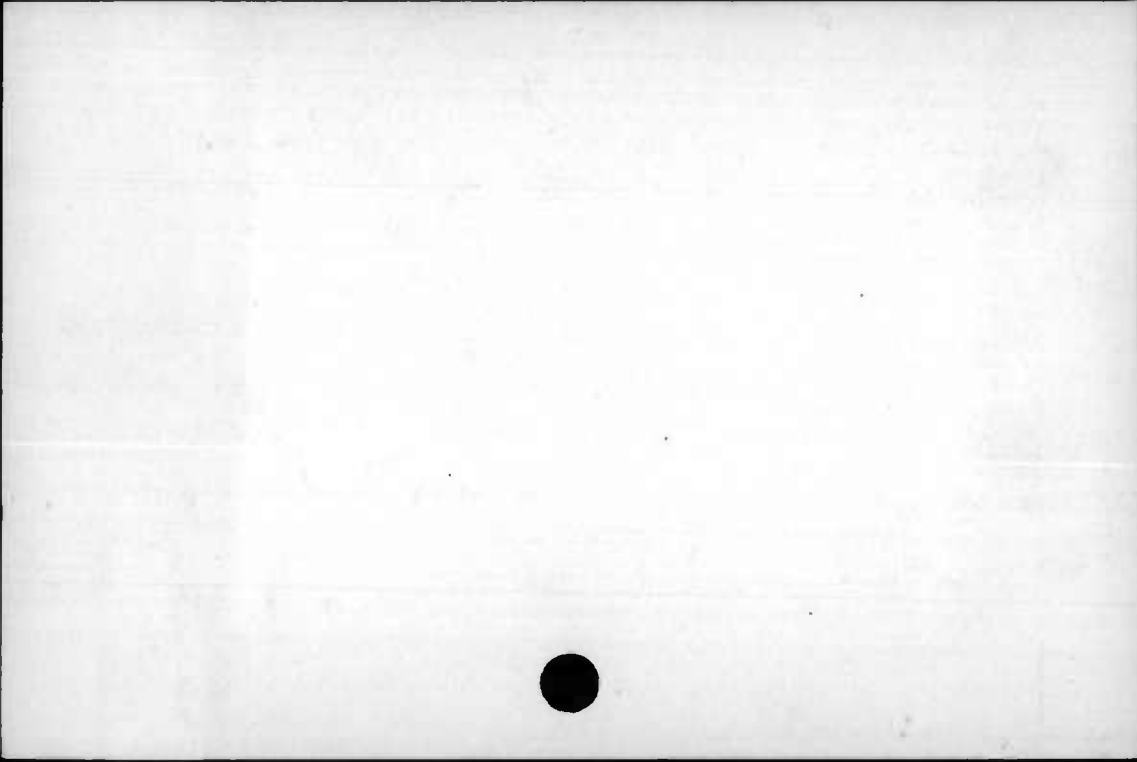
Died at Salisbury <small>Town</small>		Wicomico <small>County</small>		MARYLAND	
Date of death 1907 <small>Month</small> July <small>Day</small> 23rd <small>Years</small> 55 <small>Months</small> 5 <small>Days</small> 15		Age 55 <small>Years</small> 4 <small>Months</small> 10 <small>Days</small> 15			
Sex Female		Color or Race White		Birth-place Salisbury	
Occupation Housewife		Where Residing if not at place of death			
Married, Single or Widowed Widowed		Name of Wife or Husband Col. Wm. J. Leonard			
Father's Name James White		Father's Birthplace Somerset Co.			
Mother's Maiden Name Adaline White		Mother's Birthplace Somerset Co.			
Name of person giving information Wm. Wirt Leonard		How related to deceased Son			

CAUSES OF DEATH

(45)

PHYSICIAN
OR CORONER

Primary Cancer (abdominal)	How long Months
Immediate Exhaustion	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Geo. W. Todd
	Address Salisbury Md
Accident or Suicide?	



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Name *Maria Elizabeth Lowe* Town *Salisbury* County *Wicomico*

Died at *Salisbury* Date of death *1907 July 14th* Age *48* Months *8* Days

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation *Housekeeper* Where Residing if not at place of death *Maryland*

Married, Single or Widowed *Widow* Name of Wife or Husband *Andrew J. Lowe*

Father's Name *Joseph Palmer* Father's Birthplace *Maryland*

Mother's Maiden Name *Dont-know* Mother's Birthplace *Dont-know*

Name of person giving information *Ray Kent* How related to deceased *Grand Son*

CAUSES OF DEATH

106

Primary *Enteric Colitis* How long *10 days*

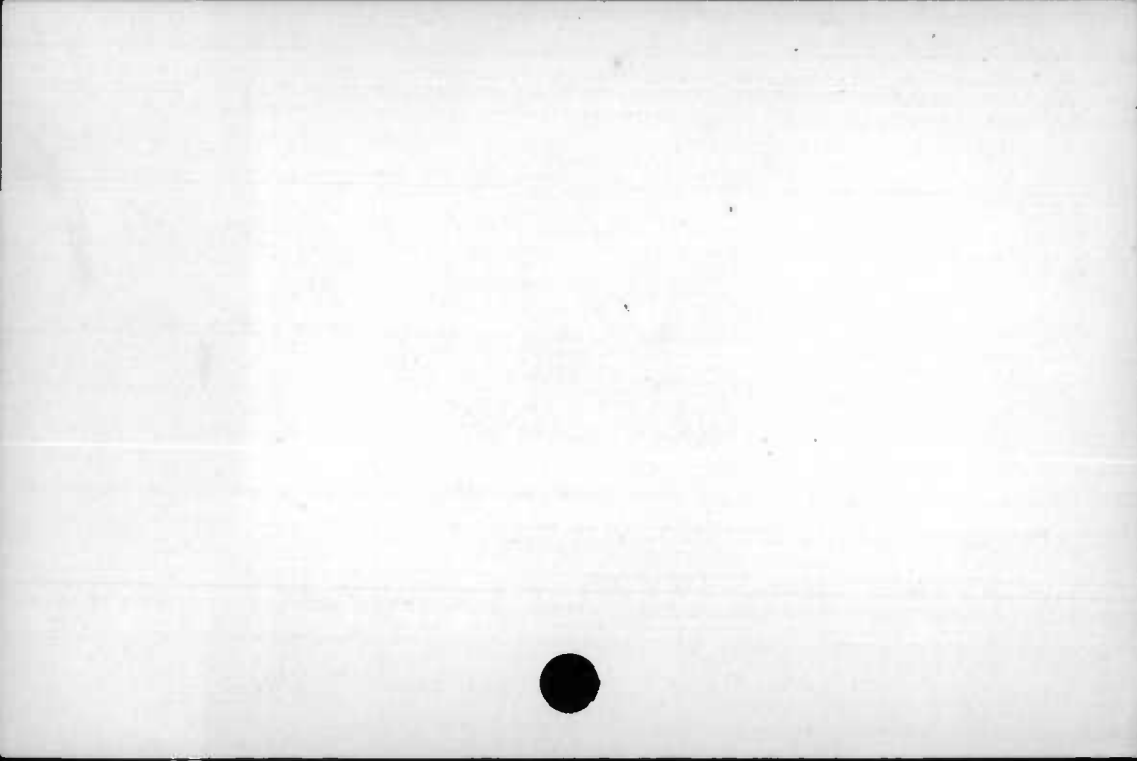
Immediate *Exhaustion & collapse* How long *Few hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. C. Curran*

Address *Salisbury, Md.*

Accident or Suicide? *No*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Infant Missie*

Town *Salisbury* County *Wicomico*

Died at *Salisbury*

Date of death *1907* Month *July* Day *27* Age *—* Years *—* Months *—* Days *14*

Sex *Male* Color or Race *Black* Birth-place *Ind*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Dont know* Father's Birthplace *Dont know*

Mother's Maiden Name *Mary Missie* Mother's Birthplace *Ind*

Name of person giving information *Burnell Williams* How related to deceased *No Relation*

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary *Plumetum birth* How long *7 months*

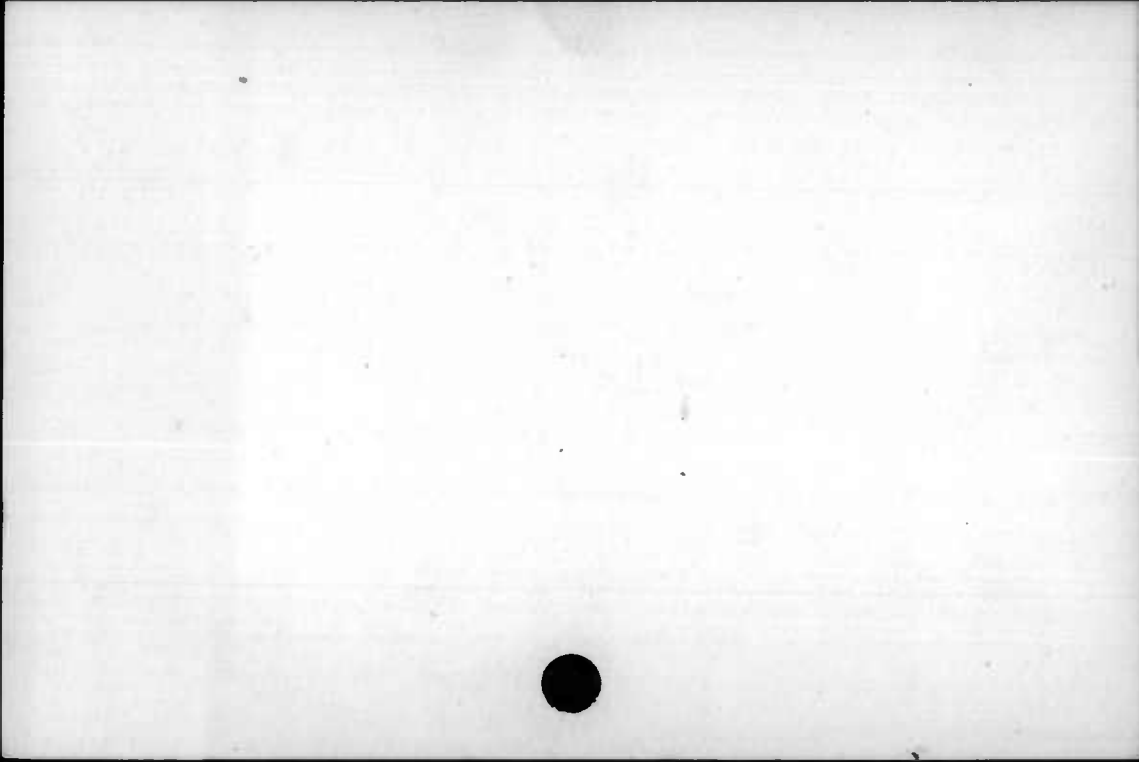
Immediate *Inanition* How long *few days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *[Signature]*

Address *Salisbury Ind*

Accident or Suicide? *No*



Name
In
Full

Cora Mary Moore

CERTIFICATE OF DEATH

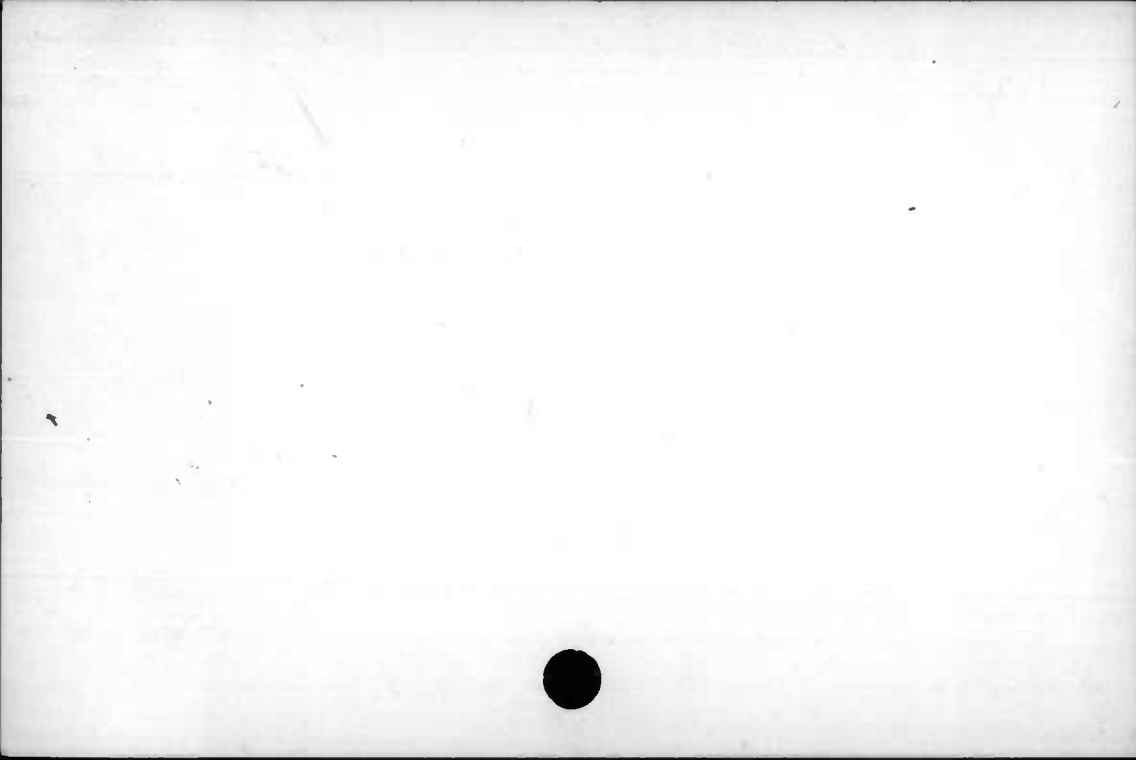
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Shaptown</u> Town		<u>Wicomico</u> County		MARYLAND	
Date of death <u>1907</u>	Month <u>7</u>	Day <u>5</u>	Age <u>8</u> Years	Months <u>9</u>	Days <u>12</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Baltimore Md</u>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name <u>Robert Lee Moore</u>			Father's Birthplace <u>Md</u>		
Mother's Maiden Name <u>Demophene Mills</u>			Mother's Birthplace <u>Md</u>		
Name of person giving information <u>Ward L Moore</u>			How related to deceased <u>Brother</u>		

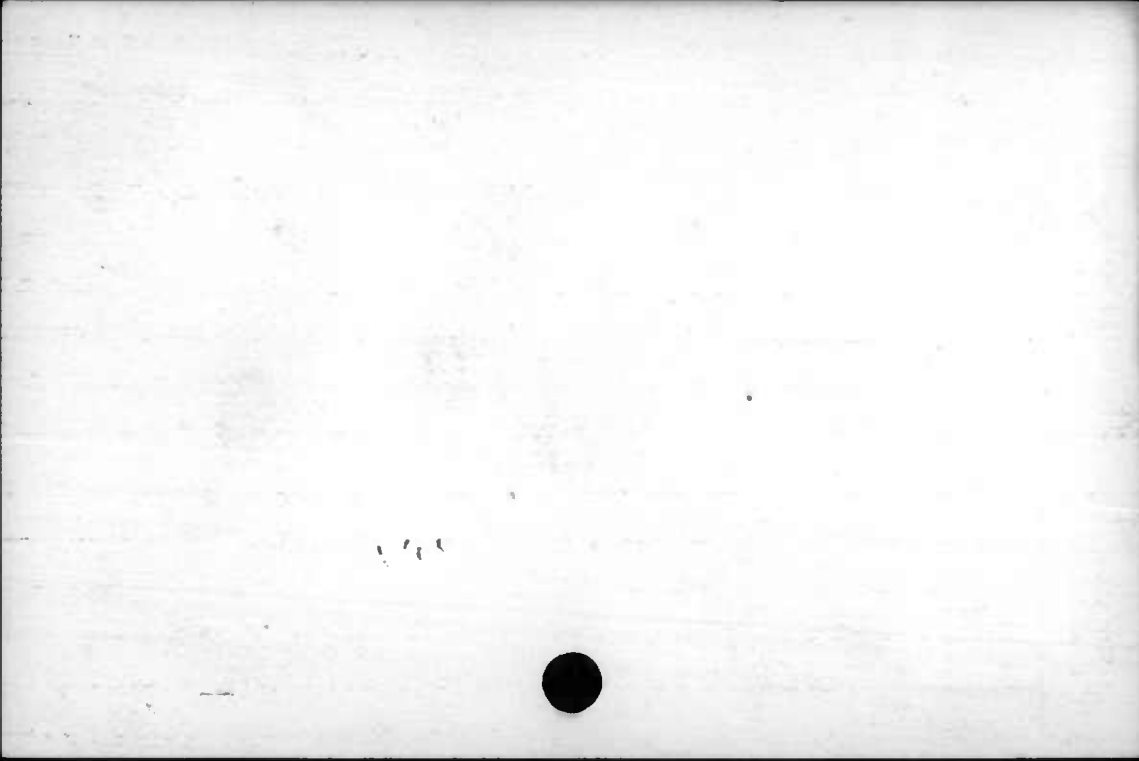
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Typhoid Fever</u>	How long <u>5 days</u>
Immediate <u>Cardiac Failure</u>	How long <u>9 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>W. N. Garrison</u>
	Address <u>Shaptown Md</u>
Accident or Suicide?	



Name in Full		Beryl J. Owens				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Shaptown Md		Wicomico		MARYLAND	
	Date of death	1907	July	14	Age	1	Months
	Sex	Female		Color or Race	White		Birth-place
	Occupation			Where Residing if not at place of death		Shaptown	
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Irving S. Owens				Father's Birthplace	Delaware
PHYSICIAN OR CORONER	Mother's Maiden Name	Hollie Bradley				Mother's Birthplace	
	Name of person giving information	Irving S. Owens				How related to deceased	Father
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Diphtheria				How long	1 wk
	Immediate	Cholera Infantum				How long	4 days
	Are the name, age, sex, color, date and place correctly given above?	Yes				Signature of Physician	Wm. W. Cassady
						Address	Shaptown - Md
	Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

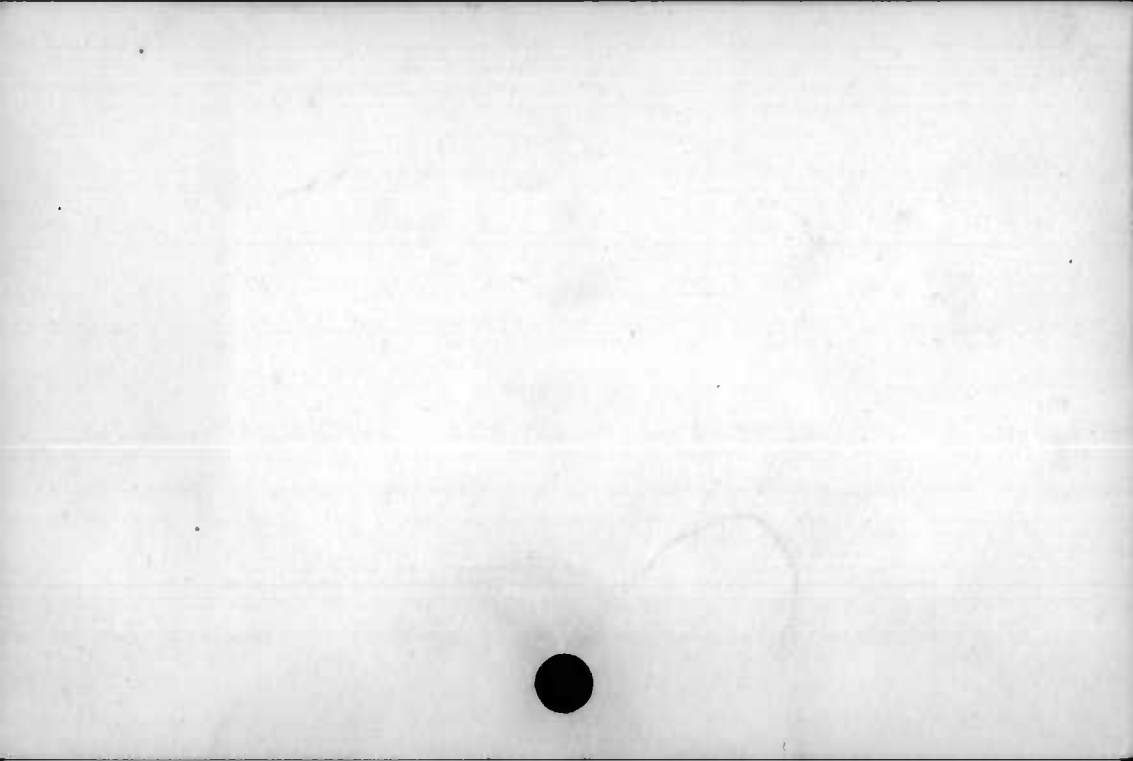
Name <i>Elyse Pallitt</i>		Town <i>Thristand</i>		County <i>Wicomico</i>		MARYLAND	
Died at		Month <i>July</i>		Day <i>7</i>		Years <i>67</i>	
Date of death <i>1907</i>		Months		Days			
Sex <i>male</i>		Color or Race <i>Black</i>		Birth-place <i>Mo</i>			
Occupation <i>Teacher</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Annie Pallitt</i>					
Father's Name <i>Don't know</i>		Father's Birthplace <i>Don't know</i>					
Mother's Maiden Name <i>" "</i>		Mother's Birthplace <i>" "</i>					
Name of person giving information <i>Benjamin Handy</i>		How related to deceased <i>no relation</i>					

CAUSES OF DEATH

142

PHYSICIAN
OR CORONER

Primary	<i>General Senility</i>	How long	<i>Don't know</i>
Immediate	<i>Senile Gangrene</i>	How long	<i>Don't know</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Harry C. Hall</i>	
		Address <i>Tulishung Md</i>	
Accident or Suicide?			



Name
in
Full

Wallace G. Parsons

CERTIFICATE OF DEATH

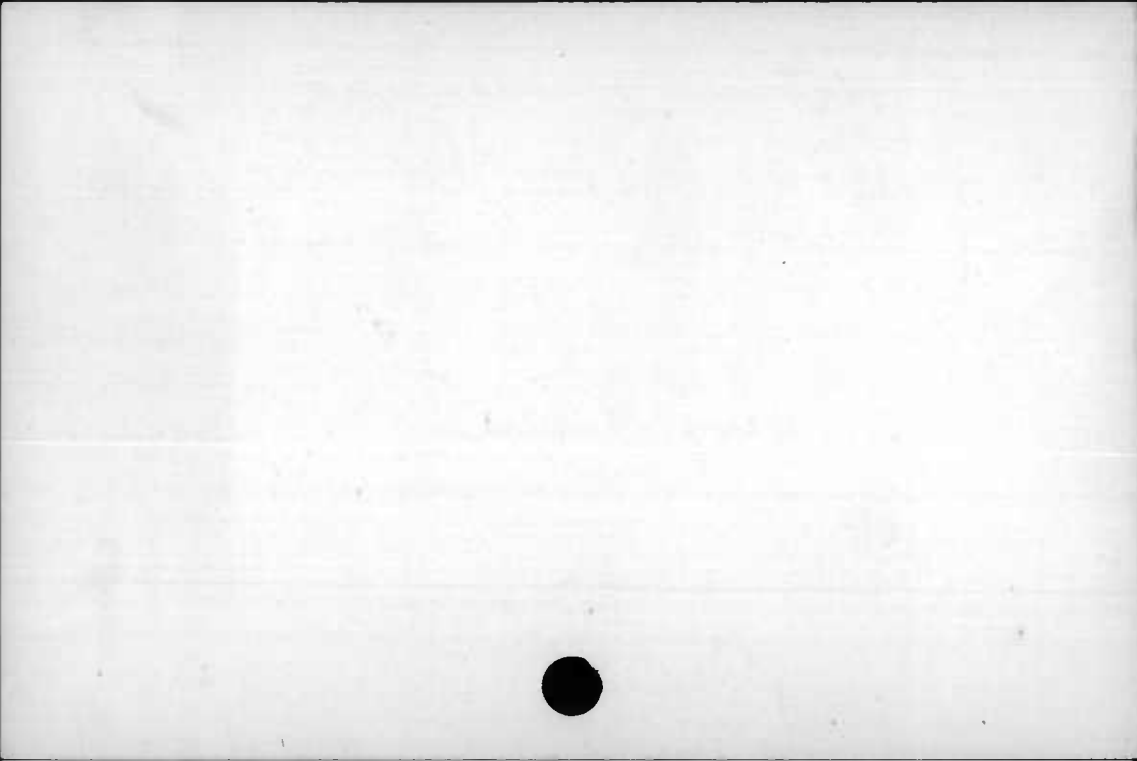
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Delmar</i>		Town <i>D</i>		County <i>Wicomico</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>July</i>	Day <i>3rd</i>	Age <i>1</i>	Years	Months <i>10</i>	Days <i>20</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Salisbury Md.</i>				
Occupation <i>None</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>						
Father's Name <i>James A. Parsons</i>	Father's Birthplace <i>Delaware</i>						
Mother's Maiden Name <i>Olie Knowles</i>	Mother's Birthplace <i>"</i>						
Name of person giving information <i>James A. Parsons</i>	How related to deceased <i>Father</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Ectus Colitis</i>	How long <i>4 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Harry C. Hall</i>
	Address <i>Salisbury, Md</i>
Accident or Suicide?	



Name
in
Full

Charley Rider

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

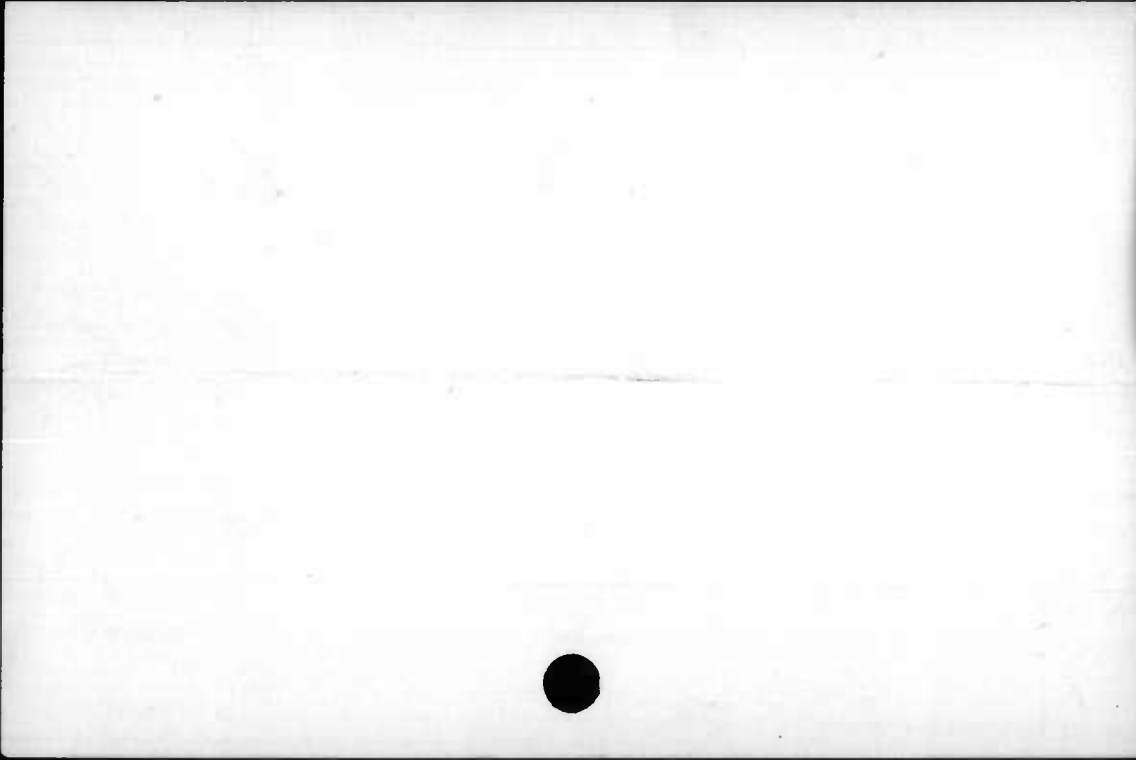
Died at <u>Hebron</u> ^{Town}		County <u>Wicomico</u>		MARYLAND	
Date of death 1907	Month <u>July</u>	Day <u>16</u>	Age <u>38</u> Years	Months <u>—</u>	Days <u>—</u>
Sex <u>male</u>	Color or Race <u>colored</u>		Birth-place <u>Mardella Springs</u>		
Occupation <u>Farmer</u>		Where Residing if not at place of death <u>Hebron</u>			
Married or Widowed		Name of Wife or Husband <u>Dead Maggie Rider</u>			
Father's Name <u>C. Rider</u>		Father's Birthplace <u>Mardella Springs</u>			
Mother's Maiden Name <u>L. Rider</u>		Mother's Birthplace <u>Dunatio</u>			
Name of person giving information <u>Benz. Goslee</u>		How related to deceased <u>None</u>			

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary	How long
Immediate <u>Acute nephritis</u>	How long <u>9 Days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>H. C. Conway</u>
	Address <u>Hebron Md</u>
Accident or Suicide?	



Name
in
Full

Ella Roberts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

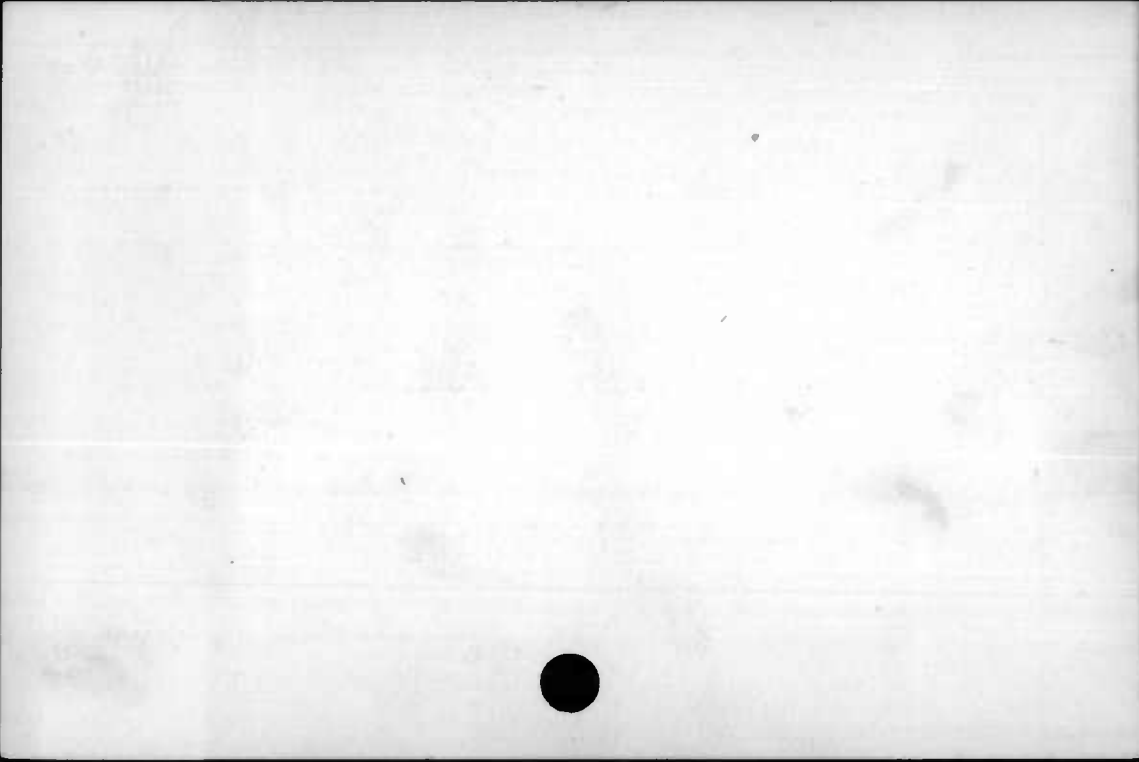
Died at <u>Fruitland</u> <small>Town</small>		<u>Wormies</u> <small>County</small>		MARYLAND	
Date of death <u>1907</u>	<u>July</u> <small>Month</small>	<u>30</u> <small>Day</small>	Age <u>35</u> <small>Years</small>	<u> </u> <small>Months</small>	<u> </u> <small>Days</small>
Sex <u>Female</u>	Color or Race <u>Negro</u>		Birth-place <u>Summerset</u>		
Occupation <u>Seam work</u>	Where Residing if not at place of death <u>Danville, Va.</u>				
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Charles Roberts</u>				
Father's Name <u>Wesley Elzy</u>	Father's Birthplace <u>Summerset</u>				
Mother's Maiden Name <u>Harriette Elzy</u>	Mother's Birthplace <u>Summerset</u>				
Name of person giving information <u>William Trout</u>	How related to deceased <u>Friend</u>				

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <u>Don't know, was</u>	How long <u>Don't know</u>
Immediate <u>Died when I saw her</u>	How long <u>Don't know</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Louise L. Wormie, M.D.</u>
	Address <u>Orlinburg, Va.</u>
Accident or Suicide?	



Name
in
Full

Laura Virginia Roberts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

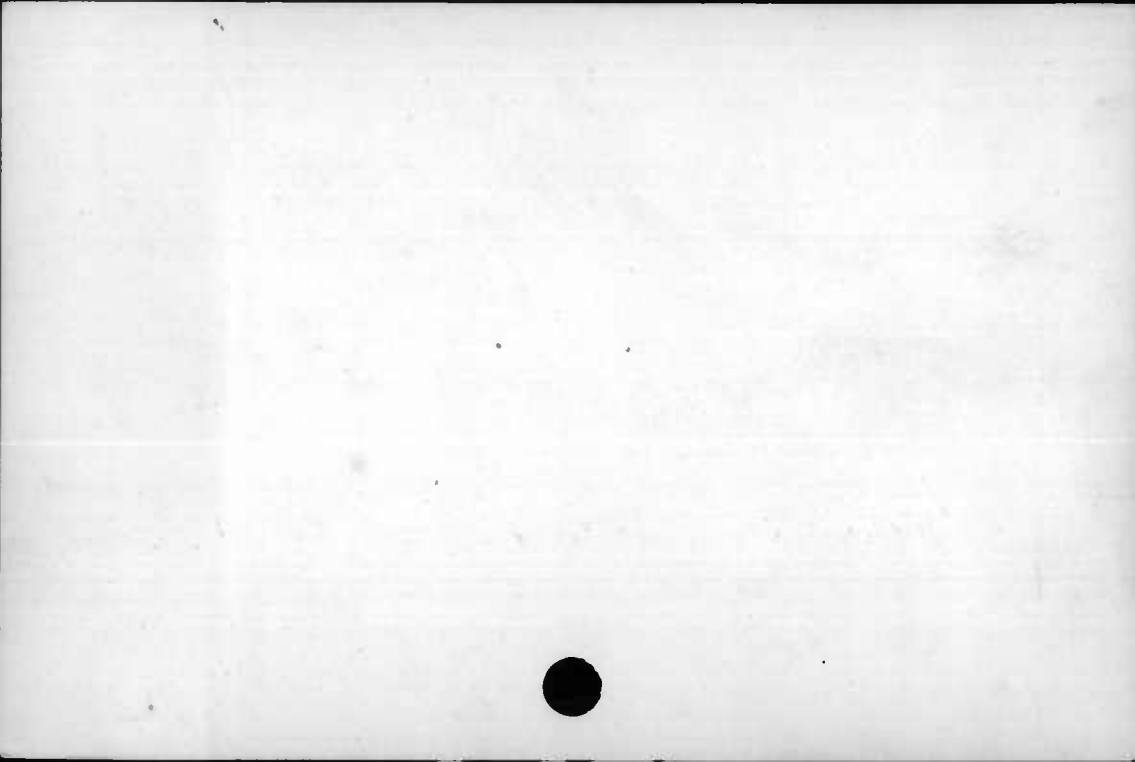
Died at		Town Salisbury		County Wicomico		MARYLAND	
Date of death	1907	Month July	Day 1st	Age	44	Years	Months 3
Sex	Female		Color or Race	White		Birth- place	Wicomico Co. Md.
Occupation	Housewife			Where Residing if not at place of death			
Married, Single or Widowed	Married		Name of Wife or Husband	William Augustus Roberts			
Father's Name	Kendal Majors				Father's Birthplace	Maryland	
Mother's Maiden Name	Arilla Alpha				Mother's Birthplace	"	
Name of person giving Information	Wm A. Roberts				How related to deceased	Husband	

CAUSES OF DEATH

42

PHYSICIAN
OR CORONER

Primary	Uterine Cancer	How long	1 yr or
Immediate	Septic Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	yes		
Signature of Physician	J. M. Davis		
Address	Salisbury, Md.		
Accident or Suicide?	no		



Name
in
Full

CERTIFICATE OF DEATH

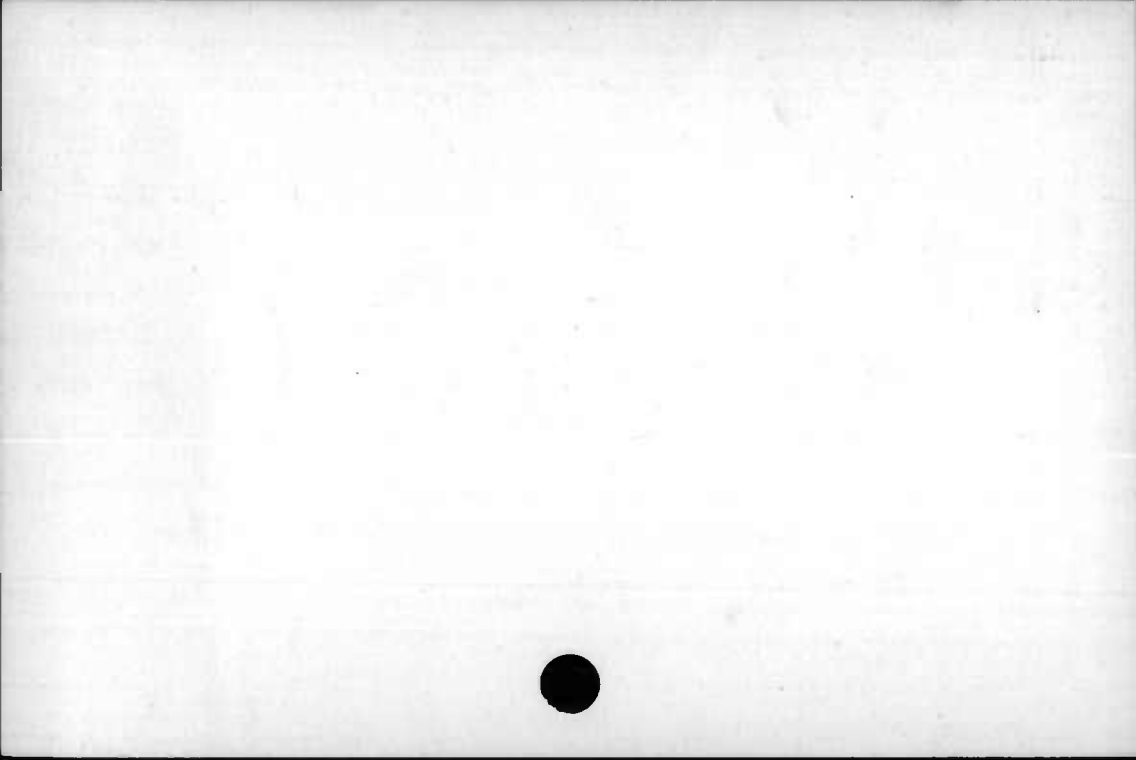
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Laurena Sewell</i>		Town <i>Mardela spgs</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>Mardela spgs</i>		Month <i>July</i>		Day <i>28</i>		Age <i>35</i>	
Date of death <i>1907</i>		Months <i>—</i>		Days <i>—</i>			
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Md</i>			
Occupation <i>Lady</i>		Where Residing if not at place of death <i>—</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Geo P. Sewell</i>					
Father's Name		Father's Birthplace <i>Md</i>					
Mother's Maiden Name <i>Elizabeth Robinson</i>		Mother's Birthplace <i>"</i>					
Name of person giving information <i>Samuel Gillis</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dysentery</i>		<i>(14)</i>		How long <i>4 days</i>	
Immediate <i>Heart failure</i>				How long <i>4 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Lewis H. Wilcox</i>			
		Address <i>Mardela Springs Md</i>			
Accident or Suicide? <i>No</i>					



Name
in
Full

George Ward Sharp

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Salisbury</i> Town		<i>Wicomico</i> County		MARYLAND	
Date of death	<i>1907</i> Month <i>July</i>	Day <i>20th</i>	Age <i>0</i> Years	Months <i>9</i>	Days <i>6</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Harrington Del.</i>		
Occupation <i>None</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>				
Father's Name <i>Benajah Sharp</i>	Father's Birthplace <i>" "</i>				
Mother's Maiden Name <i>Willie M. Ward</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Benajah Sharp</i>	How related to deceased <i>" "</i>				

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Exotoxigenic intestinal infection</i>	How long <i>2 weeks + more</i>
Immediate <i>Toxaemia of brain complication</i>	How long <i>1 week</i>
Are the name, age, sex, color, date, and place correctly given above? <i>yes</i>	Signature of Physician <i>Low W. W. W. M. D.</i>
	Address <i>Delaware</i>
Accident or Suicide?	

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John W. Turpin Jr.</i>		Town <i>P. G. Boyle</i>		County <i>Wicomico</i>		MARYLAND	
Died at <i>Salisbury</i>		Month <i>July</i>		Day <i>19</i>		Years <i>38</i>	
Date of death <i>1907</i>		Month <i>July</i>		Day <i>19</i>		Years <i>38</i>	
Sex <i>Male</i>		Color or Race <i>Colored</i>		Birthplace <i>Somerset Co. Md.</i>		Months <i>6</i>	
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Near Westover Somerset Co. Md.</i>		Days <i>18</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Alice Turpin</i>		Father's Name <i>John W. Turpin Sr.</i>		Father's Birthplace <i>Somerset Co. Md.</i>	
Mother's Maiden Name <i>Leah J. Boston</i>				Mother's Birthplace <i>" " "</i>			
Name of person giving information <i>John W. Turpin Sr.</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease and Aneurysm</i>	How long <i>Don't know</i>
Immediate <i>Heart (Mikahलगुग)</i>	How long <i>Don't know</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Harry Chiles</i>
	Address <i>Salisbury Md</i>
Accident or Suicide?	

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

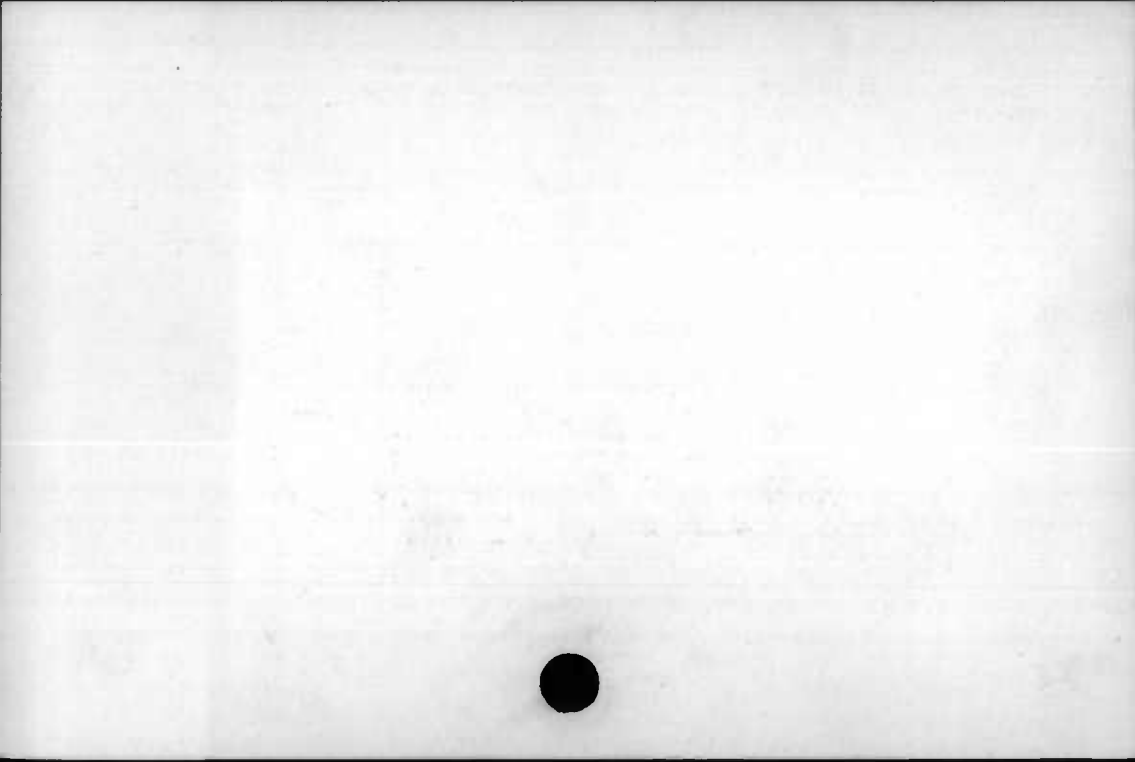
Name in Full Mammie G Walls		Town Salisbury		County Wicomico		State MARYLAND	
Died at Salisbury		Date of death 1907 July 24		Age 27		Months 6 Days 21	
Sex Female		Color or Race White		Birth-place Md			
Occupation Housework		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband Charles N Walls					
Father's Name Robert Jones		Father's Birthplace Md					
Mother's Maiden Name Gertrude Townsend		Mother's Birthplace					
Name of person giving information Charles N Walls		How related to deceased Husband					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Pulmonary tuberculosis	How long 17 yrs. ?
Immediate Apoplexy	How long Immediate
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician [Signature]
	Address Salisbury Md
Accident or Suicide? No	



Name
in
Full

Infant no name - Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

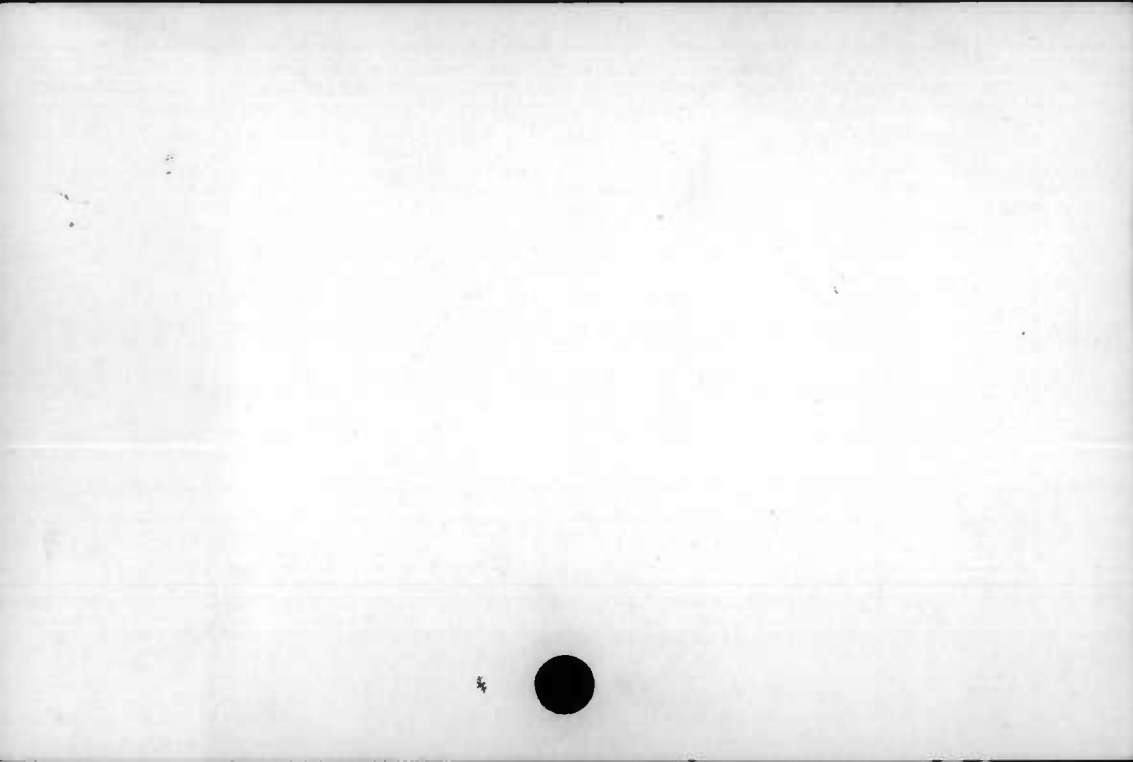
Died at ^{Town} near Salisbury		^{County} Wicomico		MARYLAND	
Date of death 1907		Month July	Day 3	Age Years	2 Months Days
Sex Female		Color or Race Black		Birth-place Md	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name Purnell Williams			Father's Birthplace Md		
Mother's Maiden Name Pearl Messick			Mother's Birthplace Md		
Name of person giving information Purnell Williams			How related to deceased Father		

CAUSES OF DEATH

1179

PHYSICIAN
OR CORONER

Primary	Dont know - Looked like just had some eruption disease	How long	Dont
Immediate	Dont know - Some sequel of eruption disease	How long	1 hr
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Gen. H. Todd	
		Address Salisbury Md	
Accident or Suicide?			



Name
in
Full

No Name Williams

CERTIFICATE OF DEATH

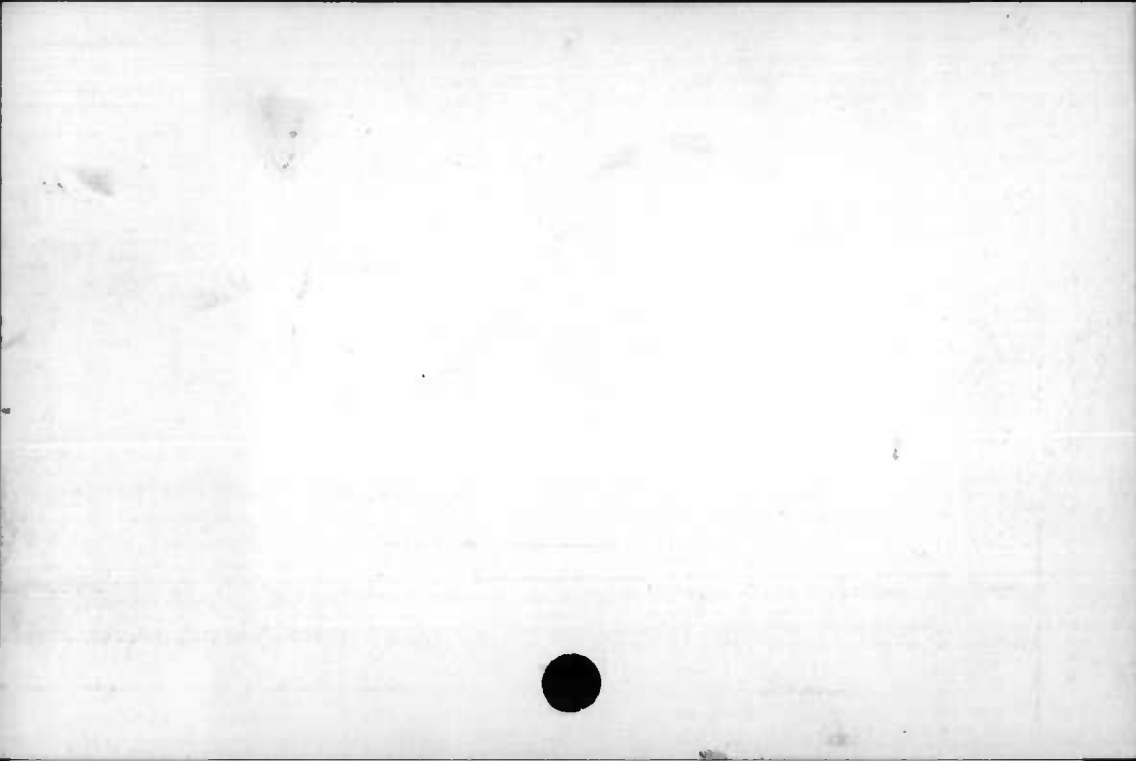
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Calisbury		County Worcester		MARYLAND	
Date of death		1907	Month July	Day 9	Age 0	Years 0	Months 0
Sex Male		Color or Race Colored		Birthplace Calisbury		Days 0	
Occupation none				Where Residing if not at place of death Calisbury			
Married, Single or Widowed —		Name of Wife or Husband —					
Father's Name Felly Williams		Father's Birthplace N.C.		(S)			
Mother's Maiden Name Maggie Brinkett		Mother's Birthplace Md					
Name of person giving information Father		How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still born	How long	(S)
Immediate	—	How long	—
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician F. M. Stearns M.D.	
		Address [Redacted]	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

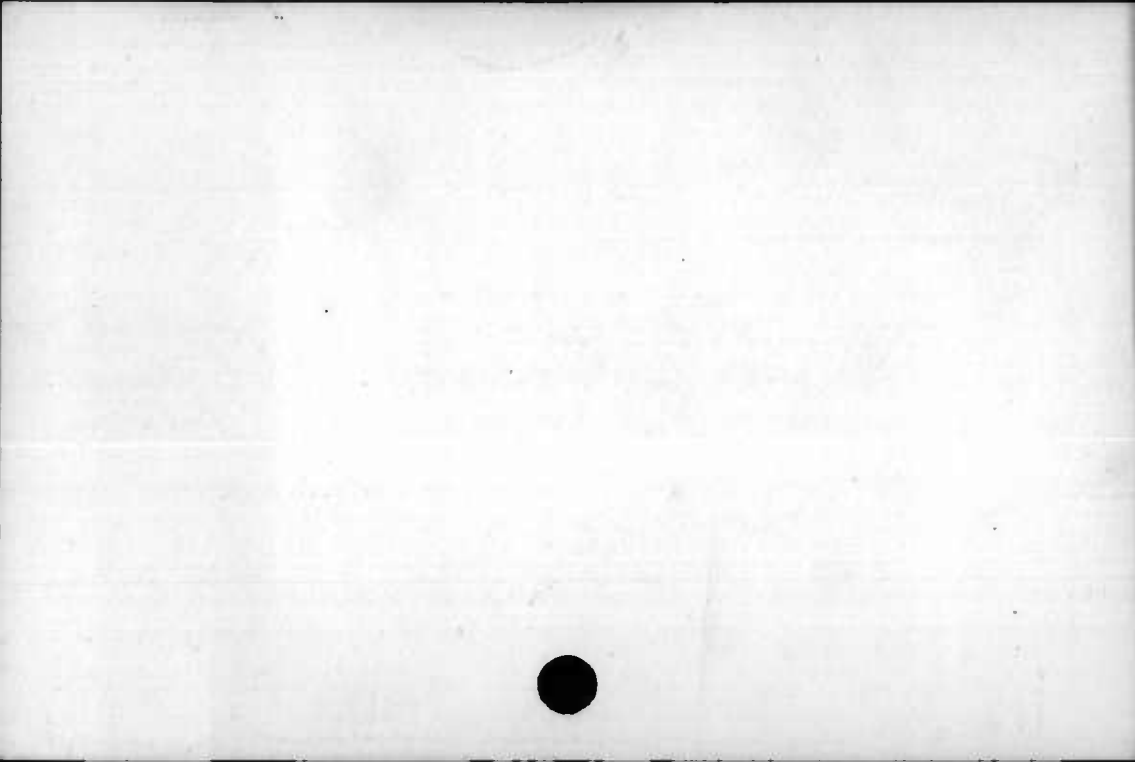
TO BE ANSWERED BY
NEAREST FRIEND

Mildred, E.E. Williams		County		MARYLAND	
Died at Salisbury		McCombes			
Date of death		1907	Month	July	Day
		12	Age	—	Years
		10	Months	—	Days
Sex		Female	Color or Race	Black	Birth-place
Occupation		None	Where Residing if not at place of death		
Married, Single or Widowed		Single	Name of Wife or Husband		
Father's Name		John H. Williams	Father's Birthplace		
Mother's Maiden Name		Rebecca C. Brumington	Mother's Birthplace		
Name of person giving information		John H. Williams	How related to deceased		
			Father.		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Enterocolitis	How long	105	4 weeks
Immediate	Exhaustion	How long		few hours
Are the name, age, sex, color, date and place correctly given above?		yes		
Signature of Physician		J. H. Dr. in		
Address		Salisbury, Md		
Accident or Suicide?		no		



Name
in
Full

Silas H. Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>New Shoptown</i>		County <i>Wicomico</i>		MARYLAND	
Date of death	1907	Month <i>July</i>	Day <i>26</i>	Age <i>10</i>	Months <i>10</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>New Shoptown</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Levin J. Wilson</i>			Father's Birthplace <i>Somerset Co</i>		
Mother's Maiden Name <i>Florence B. Hooper</i>			Mother's Birthplace <i>Baltimore</i>		
Name of person giving information <i>Levin J. Wilson</i>			How related to deceased <i>father</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Dysentery</i>	How long <i>3 wks</i>
Immediate <i>Cholera Infantum</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. W. Gussaway</i>
	Address <i>Shoptown Md</i>
Accident or Suicide? <i>—</i>	

